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ABSTRACT

This training guide is a product of the Family-Centered Interdisciplinary Training Project in Early Intervention (Wisconsin), a project that is addressing the need for preservice training of professionals to serve infants, toddlers, and preschool children with disabilities and their families. The project is focused on students from the disciplines of nursing, physical therapy, occupational therapy, social work, early childhood education, early childhood special education, and speech/language pathology. It is structured around three key elements: first, the involvement of families in all aspects of the training program; second, a curricular focus on family and professional partnerships; and third, practical experiences designed to teach optimal interdisciplinary team functioning. The project organizes the student's learning into four primary learning environments in each of which the student spends about 2 hours a week: (1) family mentorship (each student is matched with a family of a young child with special needs); (2) community placement (each student is matched with a community service provider); (3) the interdisciplinary team (each student works with other project trainees); and (4) seminar (a weekly meeting to provide early intervention knowledge and an environment to process learning activities). The training guide provides a section on each of the four learning environments as well as a section on trainee supervision. (Contains approximately 180 references.) (DB)

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Cultural Reframing Exercise (for trainers)

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Table of Contents

Introduction 1

Training Guide Overview and Purpose 15

Seminar Module 17

Team Activities Module 215

Family Mentor Experience Module 289

Community Program Practicum Module 361

Trainee Supervision Module 399

References 417

Introduction

The need to train professionals in the principles of interdisciplinary, family-centered care for infants and young children with disabilities and their families has been well-documented over the past decade. How best to provide such training has been the focus of pre-service training grants to universities across the country. This introduction will highlight the efforts and share the findings of one such training effort: the Family-Centered Interdisciplinary Training Project in Early Intervention at the University of Wisconsin - Madison. The project has a commitment to provide unique training that includes parent involvement at all levels, a curricular focus on early intervention and partnerships between families and professionals, hands-on activities designed to build interdisciplinary team skills and an emphasis on providing individualized, diverse opportunities to meet each student's learning objectives. The training guide which follows will give step-by-step instructions for faculty and trainers who are interested in replicating all or parts of this project.

I. PROJECT OVERVIEW AND PURPOSE

The Family-Centered Interdisciplinary Training Project in Early Intervention (IDTrain) is designed to meet a critical need for early intervention personnel by providing interdisciplinary preservice training to prepare professionals to serve infants, toddlers and preschool children with disabilities and their families. This project focuses on students from the disciplines of nursing, physical therapy, occupational therapy, social work, early childhood education, early childhood special education and speech and language pathology. The three key elements in the design of this project are: the involvement of families in all aspects of the training program, a curricular focus on family and professional partnerships; and practical experiences designed to teach optimal interdisciplinary team functioning. These key elements are integrated into all aspects of the training program.

This project is experientially-based, providing a multiple number of sites for student training. Trainees are provided with pertinent experience in the interdisciplinary clinics of the Waisman Center University Affiliated Program (UAP), community-based Birth to 3 Programs, Early Childhood Programs, Neonatal Intensive Care Units (NICUs), inclusive daycares, alternative therapy centers and in the homes of infants and children with disabilities. Trainees learn to move from theory to practice as they work with infants, toddlers and preschoolers with disabilities and their families. Training experiences are designed to reflect the shift from a traditional service approach of assessing deficits and prescribing programming, to one of providing families with choice-based alternatives in the planning and provision of services. Specific training activities include observing and participating with families as they carry out their regular lives in their homes; observing and participating with families and professionals as they collaborate in the areas of assessment, Individual Family Service Plan (IFSP) and/or Individualized Education Plan (IEP) development, intervention/treatment and service coordination; and participating in courses, workshops and seminars on related topics.

The students are primarily seniors or graduate students, many of whom enter the work force upon completion of this project. The project had eight students in each of the first three years and expanded to sixteen students in the fourth year. Generally, there are two students from each of eight disciplines. The students represent a wide range of experience and education, from professionals who have been working in the field for twenty years and are now returning to get a master's degree, to seniors who have never been exposed to general pediatrics. This range in learning and skill level enhances the peer learning that occurs.

II. PROJECT DESCRIPTION

A. Initial Student Activities

At the beginning of the training year, each student completes a self-assessment and an individualized learning plan (ILP), which is more fully described below (Rosin, 1991). The self-assessment is divided into four content areas: basic early intervention knowledge, family-centered care, cross-cultural issues and interdisciplinary teaming. Students rate their own knowledge and skill level on a four-point scale ranging from having no knowledge or no skills, to being able to teach the knowledge or demonstrate the skills to others. Based on the completion of the self-assessment, students then complete an ILP. The ILP, which parallels the IFSP process, aims to give students an opportunity to reflect on their own priorities for learning in the field of early intervention. Students identify outcomes, strategies to meet those outcomes, resources and a timeline. The ILP can be updated at any time during the year and serves as a guide for determining the types of learning activities in which the student will participate during the course of the training project.

This project organizes the student learning into four primary learning environments, supported by several learning activities in each environment. The primary environments are described below and summarized in Table 1.

Family Mentorship: The purpose of this learning environment is to allow the student to see the service delivery system through the family's eyes.

Each student is matched with a family who has a young child with special needs for the duration of the training project. The student and family are matched according to student interest and past experience/learning needs, scheduling and family preferences. A Family Mentor Handbook (Whitehead & Pomije, 1996) is provided to each student and family, so that expectations and learning activity suggestions are clearly outlined.

The student and family spend an average of two hours together each week. The time spent together is individually determined, though students are strongly encouraged to engage in a wide variety of learning activities ranging from attending doctors' appointments to providing respite.

Community Placement: The purpose of this learning environment is to allow the student to see the service delivery system through the provider's eyes.

Each student is matched with a community provider who works with families who have children who have special needs, age birth through five. The match is made according to the learning objectives of the student, (e.g., a student who has only had experience in early childhood might be placed with a birth to three program). Students have between one and four community placements over the course of the training project.

The community placement is not meant to replace fieldwork or core practicum required in the disciplinary training, but rather to broaden the students' experiences in settings in which they have not been exposed through their departments.

The student and provider spend an average of two hours together each week. They compare schedules and determine what kinds of activities the student could best benefit from. Some students meet with their provider at a set time each week, while others adjust their schedules weekly to allow for maximum exposure to a variety of experiences. The student is expected to move from observation to practice as the year progresses.

The Interdisciplinary Team: The purpose of this learning environment is to provide the students with the experience of working on an interdisciplinary team.

Each student is placed in a small student group with other training project students. The small groups meet for two hours a week and complete a number of learning activities over the course of the year. The learning activities range from interviewing each other about their disciplines to a semester-long, mock IFSP activity. Students are also asked to reflect on their own team functioning, team roles and dynamics throughout the process. Mid-year, the students are asked to critique their team functioning, both individually and as a group, and set goals for improving team functioning for the second semester.

Seminar: The purpose of this learning environment is to provide early intervention knowledge, enhance student skills, and offer a safe environment to process the many learning experiences from the project.

Students meet for two hours each week with the entire training project student group and many of the project staff. The curriculum is primarily developmental in sequence, beginning with the concept of family-centered care and moving through the chronological stages that a family would move through while receiving services. The fall semester focuses on knowledge, while the second semester focuses on skills.

The students receive a wealth of information in the form of journal articles, book chapters, videos, copies of the law and regulations. Students are exposed to electronic resources such as the Internet and the World Wide Web. Students are also required to spend fifteen hours a semester attending workshops, conferences and/or courses relevant to the field of early intervention and early childhood. Because the program emphasizes student hands-on experience, the independent learning through reading and workshops is a vital thread that pulls several pieces of this project together.

The benefit of these four learning contexts is that students participate in real-world environments and see the service delivery system first-hand from a variety of perspectives.

TABLE 1: LEARNING ENVIRONMENTS AND ACTIVITIES

	Learning Environments			
	Family Mentorship	**Community Placement**	**Interdisciplinary Team**	**Seminar**
Learning Activities →	• Therapy • Doctor • Dinner • Birthday party • High-Tech Evaluation • Transition meeting • IFSP/IEP meeting • Swimming • Respite	• Therapy • Intake • Play-based assessment • NICU visit • Transition • IFSP/IEP meeting • Staff meeting • Home-visit • Inclusive center	• Discipline interviews • Book review • Report critique • Play-based assessment • Team process reflection • Team goal-setting • Mock IFSP • Literature reviews	• Family-centered care • Interdisciplinary teaming • Cross-cultural issues • Early intervention knowledge • IFSP process

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III. STAFF/LEADERSHIP COMPOSITION

The project staff composition is one of the most compelling features of this project in terms of the number of disciplines represented. Project staff represent the following disciplines: parent of a young child with special needs, nursing, occupational therapy (motor specialist for both OT and PT), speech and language pathology, special education (education specialist for both general and special early childhood education), social work, and educational psychology. Of the nine project staff, four are also parents of children with special needs and one is a sibling of an adult with Down syndrome. The total staff time on the project is FTE=2.45. Staff contribute between 10-30% of their time to project related activities.

Because project staff are part-time on this project, their other work revolves around direct service to families with children with special needs through early intervention, clinical practice, and statewide personnel preparation activities. The number of staff available to students, as well as the connectedness of staff to other relevant activities, creates a cadre of experienced resources on which the students may draw. In addition, the interdisciplinary staff continuously models the concept of teaming to the students simply by running the project.

IV. STUDENT SUPPORT

Each student is supported on many levels while participating in this training project. The approach to supervision of students is based on the model of reflective supervision (Gilkerson & Shanok, 1995). In the reflective supervision model, staff avail themselves to students in much the same way

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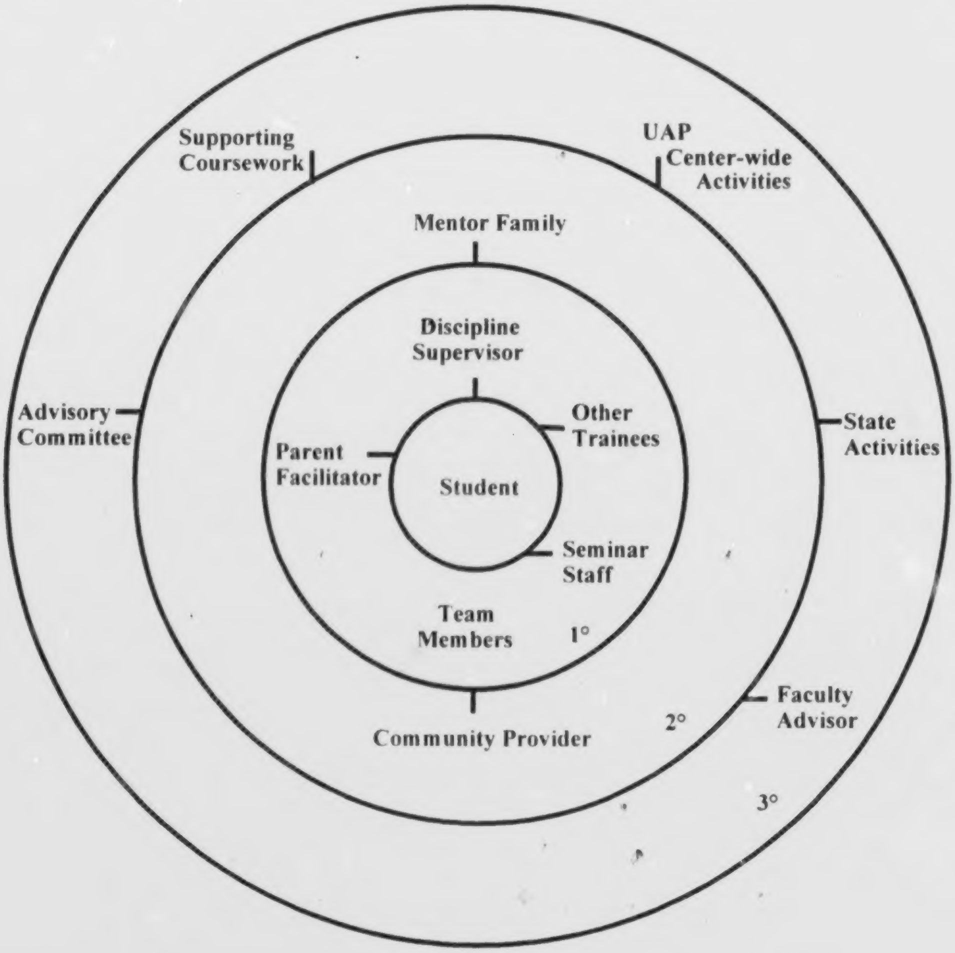
that providers may avail themselves to families. Just as a service provider comes to understand a family's concerns, priorities and resources, a supervisor comes to understand the student's individual learning strengths and needs. Through student-initiated, supervisor-facilitated dialogue, the supervisor can enhance the student's knowledge and skills through process-oriented discussions. In this model, "strengths are emphasized while vulnerabilities are partnered." (Shanok, 1996, p.60).

The staff have tried various approaches to supervision, while maintaining the reflective supervision model. While supervision is typically one-on-one and single discipline, in this project, cross-discipline and group supervision have also been used. The first several weeks provide same-discipline supervision to ground the students. Then all students and supervisors are able to choose additional/alternative approaches to supervision. Over the past four years, most students choose to continue with the same-discipline supervisor throughout the year.

Students are also provided with an annual stipend to support their participation in this project.

The chart below describes the levels of student support.

TABLE 2: LEVELS OF TRAINEE SUPPORT


Supporting Coursework
UAP Center-wide Activities
Mentor Family
Discipline Supervisor
Advisory Committee
Other Trainees
State Activities
Parent Facilitator
Student
Seminar Staff
Team Members
1°
Faculty Advisor
2°
Community Provider
3°

A. Primary Level of Support
Trainees: The student cohort provides support to one another through group and individual interaction, same-discipline support, and seminar interactions.

Team Members: The small interdisciplinary teams provide a student with more intimate feedback on team activities.

Parent Facilitator: The parent facilitator meets two or three times a year with each student or more frequently if needed or requested, and provides support as the students process the family mentor experience.

Seminar Staff: The staff members who lead seminar provide students with information, ask probing questions and facilitate discussion and problem-solving.

Discipline Supervisor: Each student meets for an hour a week with his/her discipline supervisor. This meeting time can be used in a variety of ways, including: process training experiences, enhance discipline-specific knowledge and skills, and problem-solve around difficult issues.

B. Secondary Level of Support
Mentor Family: The mentor family offers students support around issues of understanding how parents experience raising a child with a disability at home.

Community Provider: The community provider offers students support around specific events encountered in the field. For example, a student might need to learn "safety" tips for home-visiting in a certain neighborhood.

C. Tertiary Level of Support
Faculty Advisor: Students maintain regular contact with their departmental advisor from the discipline-specific department.

Advisory Committee: The project advisory committee provides regular feedback on curriculum development and project activities. This committee has broad representation from not only providers in the field, state personnel and faculty, but also from parents who have participated in the family mentor experience and current and past students. This range of perspectives ensures that the curriculum accurately reflects the needed knowledge and skills in future personnel.

Supporting Coursework: Many students take classes outside of this training project, which directly support the core content. The Department of Rehabilitation Psychology and Special Education, for example, offers a course on Working with Families, in which students may enroll. The School of Nursing offers an interdisciplinary course on early intervention, which students have also taken.

UAP Activities: Wisconsin's University Affiliated Program, the Waisman Center, has numerous activities to assist in supporting trainees in the building. Seminars on relevant topics, clinics on specific disabilities and professionals working in the field are available resources to the students. The facility itself supports students in terms of providing them with a meeting room, computer access, telephone, video equipment and an early intervention library.

State Activities: Trainees are encouraged to take advantage of the many learning opportunities throughout the state. They are made aware of the numerous conferences and workshops which are offered, and other activities such as ICC meetings, task forces on service coordination, and regional early intervention meetings. These statewide activities provide students with a chance to see first-hand how theory, policy, and practice are actualized in the "real world."

V. PROJECT RESULTS AND OUTCOMES

This section describes the methodology and instruments used to evaluate the project and document student outcomes, and presents the results from the various phases of data collection.

The evaluation methodology reflects the overall project orientation toward providing the student with an individualized and flexible approach to training and instruction. As described above, each student began his or her training experience by completing a *Skills & Knowledge Self Assessment* which then served as a basis for developing an *Individual Learning Plan* (ILP). The initial self assessment also provided a baseline for each trainee and provided information on the students' perceptions of their own knowledge and skills related to various aspects of early intervention. The ILP, on the other hand, served as the blue print for students' training experience and identified outcomes they wanted to achieve. In addition, specific information on each trainee's progress and attainment of competencies was collected from numerous sources, including discipline supervisors, families, community agency personnel and other UAP staff who work with trainees. Discipline supervisors evaluated trainee progress on competencies attained during actual clinical experiences. Mentor families provided feedback and completed an evaluation form for project staff.

The trainees themselves provided valuable evaluation information, including their reactions to the various experiences, monitoring of self-selected goals on their learning plans, knowledge and competencies gained, and follow-up impact information after they had left the program. The intent of the evaluation design was to develop a system of multiple sources of information that would provide a rich database of information on the progress of individual trainees and the effectiveness of the program to instill the basic skills and knowledge associated with the goals of the program.

A. Instruments

The following provides a brief description of the principal instruments used to collect data on student progress and program effectiveness.

Skills & Knowledge Self Assessment Scale (IDTrain, 1993) provides information on the baseline knowledge level of trainees on skills and knowledge in four areas, Basic Early Intervention Knowledge, Family-Centered Care, Cross Cultural Issues, and Interdisciplinary Teaming. Each section was further subdivided into skills and knowledge which the student ranked on a 4-point scale. For **knowledge,** the numbers indicated as follows: 1 = no knowledge; 2 = emerging knowledge; 3 = mastery of knowledge; 4 = demonstrate knowledge to others. The 4-point scale corresponding to the **skills** items is: 1 = no experience and 4 = skilled. Thus, the instrument yielded a score indicating the student's estimate of their knowledge and skills in each of the curricular areas.

The instrument was developed by project staff including clinicians, parents and personnel involved in the state Part C early intervention system and was designed to include the critical knowledge and skills felt to be needed in each area for those entering the field of early intervention.

The Trainee Project Evaluation Questionnaire was developed to provide feedback to project staff at midterm and the end of the program year regarding trainee's perceptions of group work, the different learning experiences, and other aspects of the training project. This information was used as formative evaluation to alert project staff to needed adjustments in either the content, level, or pace of training experiences.

Seminar Feedback Forms were used on a weekly basis to provide project staff with ongoing information on student reactions to seminar topics and activities. This form was instrumental in giving students a mechanism to directly shape content and the manner in which it was covered during the weekly seminars.

B. Trainee Description

Students participating in the program were all females and the great majority were Caucasian. Even though extensive efforts were conducted to encourage application from students from culturally diverse backgrounds, very few applications from these students were received. Although the University of Wisconsin has a growing population of students from diverse cultural and ethnic backgrounds, very few are found in the disciplines represented in this study. Table 3 provides information of each cohort of students from 1994 to 1997. As can be seen approximately half of the students had no previous professional experience while a few students, returning for graduate degrees, had extensive experience. Of the students who entered in the program over the three years, two were parents of a child with a disability or had a sibling with a disability.

The distribution of students across disciplines is described in the table below.

TABLE 3: STUDENT DISCIPLINES

Discipline	Special Education	Nursing	Occupational Therapy	Physical Therapy	Speech & Language	Social Work	Education
Number	10	4	11	4	12	13	4

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These students represent two training grants, which selected students from different disciplines. Each grant included social work students.

C. Results

The table on the following page presents results for instruments used to evaluate student progress and overall program effectiveness.

TABLE 4: SELF-ASSESSMENT RESULTS: PRE AND POST AVERAGE RATINGS AND PERCENT OF CHANGE

Students rated their skill and knowledge based on a four-point scale, where 1 = no knowledge/experience and 4 = mastery of knowledge/skill.

1993-94 Content Area	Pre	Post	%Change
Family-Centered Care	2.0*	3.2	30.0
Interdisciplinary Training	2.2	3.3	27.5
Service Coordination	1.4	3.0	40.0
Total Self-Assessment	1.8	3.2	35.0

1994-95 Content Area	Pre	Post	%Change
Basic Early Intervention	1.8	3.2	35.0
Family-Centered Care	2.3	3.5	32.5
Cross Cultural Issues	2.4	3.1	17.5
Interdisciplinary Teaming	2.3	3.4	27.5
Total Self-Assessment	2.1	3.3	30.0

1995-96 Content Area	Pre	Post	%Change
Basic Early Intervention	1.8	3.0	30.0
Family-Centered Care	2.3	3.3	25.0
Cross Cultural Issues	2.5	2.9	10.0
Interdisciplinary Teaming	2.2	3.4	30.0
Total Self-Assessment	2.1	3.1	25.0

1996-97 Content Area	Pre	Post	%Change
Basic Early Intervention	1.9	3.1	30.0
Family-Centered Care	2.4	3.5	28.0
Cross-Cultural Issues	2.8	3.2	10.0
Interdisciplinary Teaming	2.4	3.4	25.0
Total Self-Assessment	2.3	3.3	25.0

*pre and post indicates average rating for trainee cohort

D. Discussion

Formative Information: Students were asked to provide weekly feedback about their reactions to seminars, team activities and community placements. This information was very useful in gauging the "pulse" of learning progress for the students as a group and individually. Feedback was also used to make adjustments in both process and content of training activities. For example, based on student feedback an adjustment was made to student team supervision. Where initially staff rotated among student teams, feedback indicated that students wanted a consistent person to observe and comment on their activities. Subsequently, a staff person was assigned to each team for the duration of the year. Another example was a greater emphasis on gathering more information and research on specific disabilities. Students expressed a desire to go into more depth on specific diagnoses and have the opportunity to review research literature. This request was incorporated into student projects. Seeing changes in seminar content or in the way activities were structured demonstrated to students that their feedback was important and could result in careful consideration and specific actions being taken. This demonstration empowered students to become more active in the actual design of the training program to meet their needs. Overall, regular and periodic feedback from students, parents, and community providers was extremely useful to make adjustments throughout the year and provided a process for gathering and using information as the students developed over the year.

Lessons Learned: One of the more crucial and consistent findings across all evaluation data was the positive regard students expressed toward their contact with parents of children with disabilities. This was evident in their very high ratings of the family mentor experience, parent panels and the presence of a parent as a member of the interdisciplinary staff. Students' comments included statements such as, "I'm so impressed how much they opened up to us. I learned so many new things!" and, "The more opinions I heard, the more my family-centered perspective grew ... and became more a part of my thinking." Student comments indicated that they had few opportunities in their previous training to interact with parents and families and that it was precisely these experiences that provided them the necessary knowledge and confidence to act as competent professionals. Highlighted below are some of the lessons learned.

Supervision of students

The supervision process for each student served to support and monitor their development over the year. Program staff worked to model behaviors that they would expect students to exhibit in their work with parents. Supervisors worked with students to identify their interests and what knowledge and skills they wanted to acquire over the year. Student and supervisor worked together to meet the student's goals. These are similar processes that would be expected of students when they begin to work with families.

Students were supervised by either the same or different discipline supervisors. This was decided individually, depending on the needs of the student and their level of identification and security within their own discipline. Students who had little work experience tended to want supervisors from their own discipline, while students who had work experience and were returning for graduate degrees were more likely to want to experience supervision by cross-disciplinary supervisors.

Weekly coordination meetings

Program staff also found it useful to meet weekly to discuss upcoming training opportunities, plan seminar content and activities, and to brainstorm possible solutions to concerns raised by any of the students. These meetings served as a forum to discuss modifications or adaptations that were needed for particular students. For example, one student became pregnant with twins and was restricted in her level of activity. Staff made adjustments in assignments so that much of the work could be done from home. Flexibility and willingness to re-negotiate program responsibilities were important factors in meeting the individual needs of students. Staff worked to make each student feel supported in a manner that was specific to their goals, interests, and needs. Staff worked to make it clear that they wanted each student to succeed in the program and that they were there to help. The level of support varied over the year and from one student to the other. Typically, considerably more support was provided during the early part of the year and less was needed as students progressed through their programs, gained more experience implementing their plans, and became more knowledgeable about the resources that were available to them. Each year, one or two students required additional support and assistance to get through the program.

Use of small teams

The use of small student interdisciplinary teams provided an opportunity for students to work in interdisciplinary contexts, get to know their team members on a more intense and personal level and discover individual strengths and weakness. Each semester, each team was to prepare and present a project to the rest of the class. During these team activities, students experienced what their work may be like as they enter their respective careers. The teams also provided another source of support for each student and a safe opportunity to try out new skills and attitudes. This learning arena often resulted in growing pains as students worked to articulate their own beliefs about approach, style and quality of outcome in the team process.

Another important lesson or realization of program staff was the need to balance advancing a family-centered framework and attitudes while, at the same time, allowing students to express their true feelings about parents, their relations with them, and their concerns as they arose. Staff were careful to allow an open and safe forum for the expression of feelings. When statements or expressions of concerns about families were made that may have been overly judgmental or prejudicial, staff reflected on what might be going on with a family or the struggle that a family was facing, would ask for other opinions from students, or explore alternative explanations for the behavior or issue under discussion. Staff worked to provide a non-judgmental reflection of what students were saying and experiencing, while encouraging them to explore interpretations that were family-centered.

Challenges: Over the four years of the training program staff encountered a number of challenges which needed to be addressed so that program goals could be achieved. The biggest challenge was that of developing and maintaining a coordinated schedule for clinical staff and students. Students from seven departments had course concentrations on different days of the week. Many also had evening classes, field site visits and other commitments. Project staff, on the other hand, also had either clinical duties, direct service responsibilities, or other program responsibilities to perform. Since the program was committed to team-based training and collaborative work on projects and activities, scheduling had become an ongoing critical undertaking. Blank schedules were passed out to all students and staff at the beginning of each year to determine possible time slots for seminar, team activities, and supervision visits. Project staff also designated a consistent time for a weekly staffing to process current activities and plan future ones.

Another challenge has been the different level of student knowledge and experience in their own disciplines and in early intervention. Whereas some students entered the program as returning graduate students who had "real world" job experience, others were seniors beginning their careers and still not fully committed to early intervention as their future career. The Self Assessment Scale and Individual Learning Plan process, individual supervision visits and tailoring program requirements and activities to individual students greatly assisted in meeting the needs of students at different levels. Additionally, staff grew to appreciate the diversity among students as it brought added strength and richness to group interactions. Experienced students provided another resource for new students on what they could expect as they began their respective careers. New students added their enthusiasm and fresh outlook on issues and topics raised throughout the semester.

Summary of Benefits: In reviewing student end-of-year comments, the program has been very successful in meeting students' needs and in providing them with a sense of a solid preparation for meeting the skill needs as well as the emotional demands of their upcoming jobs. Throughout the year, students experienced a broad range of experiences in a variety of settings in association with professionals from different disciplines working on relevant tasks that met the needs of actual children and families. Students also had the critical experience of teaming with parents as both learners and service recipients in their weekly experiences. The year-long relationships established with mentor families provided a long-term vehicle for professional learning and personal growth. Students were able to apply theoretical knowledge to real life situations and have the sense that they were also doing meaningful and relevant work.

E. Recommendations

Based on data collected and reflection of program staff, the following recommendations are offered for other programs that may be initiating or conducting an interdisciplinary training program in early intervention:

1. Involve individuals from different disciplines, even if their time is limited. Staff have found that even 10 percent of an instructor's time from a particular discipline enriches the entire training experience for all students. Lack of time is much less problematic than not having a presence from a particular discipline.
2. Hold a weekly coordination meeting of training program staff to review ongoing activities, ensure that coordinated plans are made for future activities, brainstorm solutions to problems or challenges that arise, and to have the opportunity to build the instruction team into an effective working entity.
3. Employ a parent of a child with a disability as a member of the core instructional team. The consistent and regular presence of a parent at planning meetings, supervision activities and seminars has shaped the entire complexion of the training program and added a note of reality and comprehensiveness that could not be attained without her presence.
4. Create an array of options for projects, community experiences, and learning opportunities and be ready to modify, add, or invent new ones as the needs arise. Having options and flexibility will greatly assist in meeting the wide range of needs and interests that a group of interdisciplinary students present.

5. Invest the time and energy in creating an effective family mentoring program. Auxiliary materials such as the Family Mentor Handbook (Whitehead & Pomije, 1996), and activities such as a mentor family orientation and year-end summation meeting are well worth the time and effort for the benefits that accrue to students and the program in general.

Excerpts from: Whitehead, A., Jesien, G., & Ulanski, B. (1998). Weaving parents into the fabric of early intervention interdisciplinary training: How to integrate and support family involvement in training. Infants and Young Children, 10(3), 44-53. Adapted with permission from: ©1998 Aspen Publishers, Inc.

TRAINING GUIDE OVERVIEW AND PURPOSE

Based on the positive outcomes from this training project, a need to share the techniques and insights of the project with a broader audience became apparent. The staff of the training project worked collaboratively to detail and articulate all of the training components into a training guide. It is critical to emphasize that all of the material in this training guide is a compilation of ideas and material which was developed within the context of an interdisciplinary training team. Over the many years of the project, there have been weekly discussions about how to organize material, how to teach a subject matter and specifics about how to optimize student learning. This training guide content reflects that group process. Therefore, while individuals took the responsibility for writing particular sections of this guide, the material reflects input from the entire training project staff.

In this guide, there are five separate modules, each of which describes and provides a protocol for the components of the project. The modules are in Table 5 below. It is the intent that each module should stand on its own, thus some duplication in the document, so that a trainer or faculty member can pick up any one component and implement it in isolation from the other strands.

TABLE 5: SUMMARY OF TRAINING GUIDE MODULES

SUMMARY OF TRAINING GUIDE MODULES	
Module	**Module Focus**
1	Seminar
2	Team Activities
3	Family Mentor Experience
4	Community Placement
5	Supervision

Each module contains several Learning Tools. The Learning Tools provide the instructor with step-by-step suggestions on how to cover a particular content area. The purpose, time-frame, necessary materials, instructions, references, and tips are provided for each Learning Tool. It is assumed that users of this guide will modify these tools to meet the needs of a particular group of learners. Handouts and overheads are also provided and may be copied with the reference acknowledged. For some modules, appendices follow to provide the user with additional materials for curriculum implementation. At the end of the document there is a reference listing from each of the modules, as a summary tool.

This training guide may be used for inservice, preservice or with parent groups, though it was developed specifically for preservice students. Trainers and faculty may find it most helpful, though it will be made available to a broad group of interested parents and professionals interested in the field of early intervention and early childhood.

Introduction: Seminar

> *Developing programs to prepare personnel for a partnership model does not mean discarding the discipline-specific preparation through which students master specialized knowledge and skills. It does mean preparing students to use this disciplinary expertise in a different way—in partnership with families and members of other disciplines.*
> *(Roberts, Rule, & Innocenti, 1998, p. 110)*

This module contains an overview of the purpose and design of the seminar component of this interdisciplinary training project. This introduction describes the project's approaches to teaching, which are based on the principles of adult learning and the need for a variety of teaching tools. Evaluation strategies are also addressed. The Table at the end of this introduction, summarizes the learning tools (i.e., specific outlines for seminars) which follow.

Trainees participate in a weekly two-hour seminar in which content and activities relevant to the field of early intervention are discussed by project staff, community professionals, parents, and trainees. Seminar is a time for trainees to integrate what they learn in course work with their experiences in the field.

Seminar is designed to be the core of the interdisciplinary training program. By participating in seminar, trainees and staff members have the opportunity to meet, share, learn, discuss, practice skills and evaluate project curriculum. The primary objective of seminar is to tie together the key components of the project, including a focus on best practice in early intervention, family-centered care and interdisciplinary teamwork.

The seminar group includes eight to 26 trainees from eight disciplines and between two and five staff members. It is important to ensure that the teaching staff includes a parent of a child with a disability who can share responses and personal experiences.

Curriculum

The curriculum is developed to address the diverse needs of trainees from varying disciplines and levels of experience. The syllabus reflects projects the student teams work on throughout the semester, as well as activities students experience in their community placements and with their mentor families.

First semester seminar topics include:

- Overview of Early Intervention
- Disciplines and Roles in Early Intervention and Early Childhood

- Sharing Sensitive Information
- Early Intervention Service Models: Diversity in Services
- World-Wide Web Training
- Listening to Families
- Examining the Influences of Culture
- Developing Cross-Cultural Competence: Applying Family-Centered Principles
- Play as Context For Assessment and Intervention
- Round Robin
- Team Models: Multi, Inter and Transdisciplinary Teams
- Team: Developmental Tasks

Second semester seminar topics include:

- Update and Overview of Federal Legislation
- IFSP/IEP Process
- Large Group Cultural Immersion Activity
- Service Coordination
- Teaming: Staff Coping
- Teaming: Parent Perspective
- Exploring Non-Standard Approaches to Therapy and Treatment
- Transitions
- Resource Development
- Health Care Providers Panel
- Challenges to Family-Centered Care

In addition to the curriculum noted above, several seminars each semester are devoted to presentations of student projects and student feedback/evaluation of their experiences.

Readings

Each semester, a reader is developed as part of the seminar curriculum. Weekly reading assignments typically include two to four research articles, chapters, and family stories which provide a basis for discussion of the topic to be presented.

Methods of Instruction

It is important to keep in mind adult learning strategies when planning activities and lectures for seminar. Kravitz (1988) notes issues regarding how adults learn, including: adults must want to learn; adults learn by doing; adult learning centers on realistic problems; adults learn best in informal environments; and adults respond to a variety of teaching methods. In keeping with the tenets of adult learning, the following teaching strategies were used during weekly seminars:

I. Lecture: Information is presented to the group by a speaker with expertise in a particular area of practice and/or knowledge. Topics may include federal and state legislation in EI, sibling issues, diagnostics, team functioning, for example.

II. Role Play: This can include a scripted or defined scenario.

III. Fish Bowl: A small group discusses an issue pertinent to their practice. A large group observes and provides feedback to the smaller role play group on content and team interaction.

IV. Discussions: These can include large group and small group.

  A. Large Group (16 people) techniques may include a round robin "go-around" eliciting participation of all members regarding activities in which they have participated (team, community placements, family mentor experience), or comment on a specific topic.
  B. Small Group (three to five people) "dialogue groups" consist of members from the same team, members from the same discipline, or randomly chosen groups. These small groups can be student or staff directed. Members typically discuss an issue together and report back to the large group.

V. Case Method or Family Story: This is a very effective learning tool. Stories can be used from textbooks of "case studies," or prepared by staff for a specific situation. Student teams also may prepare a family story related to a specific topic and present during seminar. This approach can be used in one of two ways. Either the large group reads the story and discusses specific discussion questions, or small groups (four to five members) discuss for 10-15 minutes and report back to large group for comparison of discussions.

VI. Interactive Activities: These are activities that encourage interaction and discussion among students, leading to a change or confirmation of a belief or philosophy. Interactive activities allow students to share personal information and process ideas and opinions in a simulated environment or safe activity. Examples include: family ecomaps; collages made with art materials or photos and words from magazines; a teaming board game; and a simulated cultural experience.

VII. Review of Readings/Journal Club: These are either directed by trainees or staff. Participants typically provide a brief review of an article and ask the larger group probing questions which go beyond the article (e.g., rigor of research design, implications for practice).

VIII. Guest Speakers: Bringing in an outsider to provide a unique perspective or share a specific area of expertise enhances the seminar. Students and/or staff submit questions/topics of interest in advance to guide the presentation.

IX. Panels: parents, professionals, community personnel, University Affiliated Program staff may be part of a panel discussion. Students and/or staff submit questions/topics of interest in advance to guide the presentation.

X. Video tape: These may include a vignette or role play followed by group discussion.

XI. Debate: Trainees select an issue and divide the group into two teams with two position statements to defend.

Evaluation Tools

At the end of each seminar, trainees are given five minutes to complete a "Seminar Feedback Form." The form solicits feedback regarding content, activities and application to professional practice. Trainees are asked to rate the usefulness of the seminar to their future work. Trainee feedback has been useful in helping to design activities at seminar, in developing questions for future panel discussions and in determining which topics, as well as mode of presentation, are considered most beneficial.

Learning Tools

The following "Learning Tools" are offered as a possible curriculum for the Seminar Module. Individual tools can be used as is, or adapted to fit individual groups. Each of the Learning Tools have been used successfully, incorporating the Methods of Instruction listed above. The learning tools include a description of what will be learned; a timeline; a list of necessary or useful materials; and detailed instructions, including sample overheads, handouts, trainers notes, and pertinent references.

The Learning Tools are grouped according to their primary content area. There are four content areas which are covered in this year long training project: family-centered care, basic early intervention knowledge, cross-cultural competency and interdisciplinary teaming. The content areas correspond to a self-assessment which is implemented at the beginning and end of each year. The Table below summarizes the Learning Tools according to content area.

TABLE 6: SUMMARY OF LEARNING TOOLS BY CONTENT AREA

FAMILY-CENTERED CARE: SUPPLEMENTARY MATERIALS*	
Warm-Up Activities	**Warm-Up Activity Focus**
1	Round-Robin
2	Visualization Introductions
3	Name Sharing
Learning Tool	**Learning Tool Focus**
1	Family-Centered Care Video
2	Family Member Presentation
3	Parent Panel
4	Family Story
5	Listening to Families
6	Challenges and Strategies to Family-Centered Care

*Reprinted from Rosin, P., & Whitehead, A. (1996). Family-centered principles and practice: A training and resource guide. Madison, WI: University of Wisconsin Medical School, Maternal and Child Health Education and Training Institute.

BASIC EARLY INTERVENTION KNOWLEDGE	
Learning Tool	**Learning Tool Focus**
7	Overview of Early Intervention and Early Childhood
8	Disciplines and Roles
9	Sharing Sensitive Information
10	World-Wide Web Training
11	Service Coordination
12	IFSP/IEP
13	Round Robin
14	Play-Based Assessment
15	Health Care Providers Panel
16	Transitions
CROSS-CULTURAL COMPETENCY	
Learning Tool	**Learning Tool Focus**
17	Examining the Influences of Culture
18	Applying Family-Centered Principles
19	Large Group Cultural Immersion Activity
20	Exploring Non-Standard Approaches to Therapy and Treatment
TEAM PROCESS	
Learning Tool	**Learning Tool Focus**
21	Developmental Tasks
22	Team Models
23	Staff Coping
24	Parent Perspective
25	Student Project Presentations

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27

Family-Centered Principles and Practice: A Training and Resource Guide

Maternal and Child Health Education and Training Institute

Peggy Rosin
Amy Whitehead

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WHY FAMILY-CENTERED CARE?

- Traditional approaches aren't working. They are costly. They are not consistently yielding optimal medical and developmental outcomes.

- Traditional approaches fail to provide the necessary support to families. Further, they foster dependency and can be disempowering to families.

- Complex care provided over extended periods of time in the hospital, at home, and in communities requires new approaches and new systems of support.

- Hospitals, agencies, and programs around the country have been successfully incorporating family-centered practices and are seeing improved outcomes.

- Family-centered care offers new approaches to care and a new definition of support, defining it in positive, proactive ways.

- Collaboration between women, families, and providers has dramatically changed aspects of birthing practices and services for children with chronic conditions in the last two decades. Further collaboration is needed to design a system of services that more effectively meets a broader range of needs and priorities of women, children, and families.

- Hospital experiences have long-lasting impact on families' attitudes about health care and health care providers.

- The children treated in hospitals today are especially vulnerable. Traditional hospital services are often most inaccessible for those most in need.

- Families offer unique perspectives and expertise about systems of care, the design of programs, and the formulation of public policy.

- Standards of the Joint Commission on Accreditation of Healthcare Organizations require quality care and a collaborative process for improving quality. A first step in the delivery of quality services is the development of a shared definition of quality, with consumers included in the process.

- It makes economic sense for the agencies and institutions, for families, and for communities and states. With family/professional collaboration in planning and evaluation, moneys and other resources can be expended in more efficient and effective ways.

- Family-centered care is the right way to treat people.

Reprinted with permission from: Johnson, B. (1995). Family-centered care. Bethesda, MD: Institute for Family-Centered Care. Handout presented at the May 31, 1995 MCH Education and Training Institute Meeting in Madison, WI.

■ Consumer Participation is Essential

In health, education, government and business the trend is to involve the consumer in decisions effecting service delivery and product development. It is done simply because it makes for a better process or product. Family-centered care emphasizes consumer participation acknowledging that this partnership will allow for a system of health care and service delivery that is respectful and responsive to the people it serves. Throughout this curriculum the term "consumer" is used to refer to those children and their families who participate in health, education, and social service systems to meet the needs of their child or themselves. Consumer participation extends to the education of those who work within these systems and is an integral part of this curriculum.

> Throughout the country, families and professionals are working together in new ways. They are collaborating in the development of individualized family service plans for infants and toddlers in early intervention programs; co-leading preservice and inservice training sessions for health care providers; and creating innovative programs to increase community support for families. In addition, they are participating jointly on committees and task forces to shape policies and programs to improve care and support children and families. (Jeppson & Thomas, 1995, p. 1)

Jeppson and Thomas (1995) offer ways that family members can participate as training partners and Table 2 lists suggestions for including consumers as well as key practices trainers should consider as they prepare trainings in family-centered care.

PARENTS AS TRAINING PARTNERS

SOME WAYS FAMILIES CAN PARTICIPATE

- **Determining training needs**. Families can help determine training needs of providers by participating in focus groups, surveys, interviews, or brainstorming sessions.

- **Designing and producing training programs**. Families should be invited to participate in the development of the training design. They can brainstorm activities, produce media and materials, and review and comment on drafts of curricula and materials.

- **Conducting training programs**. Families can be involved in many ways - conducting programs independently or as co-trainers; participating on panels; being available as information resources; offering a consumer's point of view.

- **Receiving training**. Families should be invited to attend when training sessions are offered. Families and providers can better understand each others' roles when they spend time together in learning activities.

- **Evaluating training**. Families can help evaluate training programs by attending pilot sessions, reviewing materials, and conducting pre- and post-training surveys.

KEY PRACTICES

- **Involve families who represent a wide range of experience**. Include those who are currently receiving services, as well as "veteran" parents. Strive to include families who represent a diversity of viewpoints, as well as a variety of racial, ethnic, and cultural backgrounds.

- **Make the process accessible**. Mutually convenient times and places for training are essential. This may mean that training is held outside traditional work places and business hours.

- **Pay families for participating**. Offer families reasonable payment for developing, conducting, reviewing, and evaluating training programs, as well as reimbursement for child care, travel, and other expenses.

- **Offer supports**. Offer to help families acquire skills needed to participate in the development and delivery of training. Other useful supports might include clerical services, work space, and photocopying.

Reprinted with permission from: Jeppson, E. S., & Thomas, J. (1995). Essential allies: families as advisors. Bethesda, MD: Institute for Family-Centered Care., 7900 Wisconsin Avenue, Suite 405, Bethesda, MD 20814, 301-652-0281.

AWARENESS AND KNOWLEDGE OF THE PRINCIPLES OF FAMILY-CENTERED CARE

> *I know my child better than anyone else. The professional may have spent 1,000 hours working with many children, but I have spent 1,000 hours with my child. The therapists in my family's life are like a revolving door - they are ever rotating. My sons and I are like a building - a strong foundation that is always there, supporting. (Carrie Pomije, parent, Madison, WI)*

The first step towards a family-centered service delivery system is awareness and knowledge of the basic principles of family-centered care, which provide a foundation for the skills and implementation which follow.

This module provides the facilitator with a number of learning tools which can be used to create a short one-to-two hour session on the principles of family-centered care. It is recommended that each session begin with a warm-up activity, followed by the major learning tool, and completed with an evaluation.

■ Summary of Elements of Family-Centered Care (See Appendix D for handout and overhead of the elements)

1. Recognition that the family is the constant in the child's life while the service systems and personnel within those systems fluctuate.

2. Facilitation of parent/professional collaborations at all levels of health care:
   -care of an individual child;
   -program development, implementation, and evaluation; and
   -policy information.

3. Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.

4. Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of families.

5. Recognition of family strengths and individuality and respect for different methods of coping.

6. Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.

7. Encouragement and facilitation of parent-to-parent support.

8. Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.

- **Talking Points: Facilitator's Guide (See Appendix D for handouts and overheads of points)**

1. **Recognition that the family is the constant in the child's life while the service systems and personnel within those systems fluctuate.**

   - *Who's the expert?*

   Partnerships are based on mutual recognition for the expertise that each person has. Providers are experts in specific areas and parents are experts on their own children. Parents live with their child day in and day out learning the quirks, nuances and details of their own child's character and special needs. A child may have 20 different cries, each with a very specific meaning, known only to the parents. If a child has a prolonged hospital stay, are there accommodations for the parents? Can the parents spend the night? Are the parents given the opportunity to know everything there is to know about the medical procedures? The family knows their child best, especially as medical staff come on and off shifts.

   - *Looking for strengths and resources*

   Building a relationship between parents and providers begins with an acknowledgment of the strengths the family possesses. The expertise the parents have in their knowledge of their child is a good starting place for relationship building. Ask the parents to tell you about their child. The family knows what's been tried, what worked, and what failed.

   - *The land of boundaries*

   We live in a service delivery system which is highly specialized and fragmented. The organization and ownership for early intervention, early childhood, school-aged programs and adult services may differ. Families encounter innumerable transitions as they move from preconception to the time their child reaches 21. Parents meet with countless personnel from countless organizations, all with very specific goals, philosophies and services to offer. The family remains the constant, they travel across the boundaries needing to be emissaries for their child.

2. **Facilitation of parent/professional collaborations at all levels of health care: care of an individual child; program development, implementation, and evaluation; and policy information.**

   - *How treatment plans are created*

   Treatment and service plans are tools to articulate, delineate, and promise specified services. Are families fully involved in identifying their needs, priorities and resources? Is the plan written in the family's language or the professional's language? Does this service plan benefit the child alone or the child within the context of the family? Do the family plans reflect the family's goals?

   - *Is it working?*

   Ongoing parent and provider evaluation of the service ensures that the system is working. Are evaluations regularly performed? Do staff create a climate where feedback is welcomed and encouraged? Is the process for parents to express concerns clear? Do staff collect and share information about what is helpful to families?

- *How to involve families at all levels*

Including families as members of: advisory committees, boards, task forces, workshop planning, focus groups and more, not only promotes a more family-centered program but will also ensure that your work is meeting the needs of families. Encouraging families to influence policy through testifying at public hearings and writing legislators can only result in a system which is responsive and family-driven.

3. **Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.**

- *"Are they ready for this?" screening*

Many providers find themselves in the position of having a lot of knowledge on a particular disability or a particular resource. The dilemma which consequently follows focuses on when and how to deliver information to the family, especially if the information may be received as sensitive, emotionally charged or controversial. How can information be delivered in a thoughtful and sensitive way?

- *Thought before Action (how to share information)*

Delivering sensitive information must be considered carefully. Pre-conception and prenatal counseling embody some of the most strenuous ethical questions of our time. Preparation of how and when (e.g., phone contact, face-to-face, letter) to provide information is crucial. Follow-up with written, visual or oral materials are important. (See the following page for a list of suggested steps in delivering sensitive information.)

- *Follow-up to information*

Many times parents feel overwhelmed when hearing information for the first time. Follow-up information ensures that the family understands what information has been provided. How does this family learn best? Do they seek written journal articles, simple-to-read brochures, videos or would they prefer to be matched with another parent who has had a similar experience? Or all of these? A checklist with space for written observations may provide a mechanism for future parent-provider communication.

4. **Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of families.**

- *Is this program a cost or benefit to families?*

Families must balance a tremendous number of commitments and responsibilities. Do we make the assumption that if we have a service to offer a family, that it is necessarily a benefit? What is the cost to the family? Do they need to obtain childcare, transportation and work-leave to attend the appointment? Do they feel empowered after the visit or disempowered?

- *For who's benefit?*

Many programs are designed to be convenient for the program and its personnel. The question needs to be asked: Does this program benefit the system or the child? How many choices are families given? Does the personal care program allow the worker to take the child out into the community or does it require that the child remain homebound? Does the hospital have clinic hours in the evenings and on weekends to accommodate working parents? Does the family need to fill out a ten page application for a "Katie Beckett" medicaid waiver each year, when the individual has a life-long disability?

5. **Recognition of family strengths and individuality and respect for different methods of coping.**

- *"The shoes test"*

Whenever meeting with a family, do the shoes test and ask: "What would it be like to be standing in this family's shoes?" Considering this question can go a long way to demonstrating sensitivity and support to the family, which in turn allows for more effective communication. If a family uses a lot of emotionally charged language, try to keep listening and discern what is underneath that language (e.g., pain, fear, feelings of helplessness, anger, loss). Try to see the situation from the parent's point of view.

- *Hope or denial?*

Prior to conceiving a child, many parents have already generated dreams about a family and what that will look and be like. A child is conceived and when born with special needs, the family may still need to hold the balloons of celebration. This is hope. Hope is not only a vital coping mechanism, it is fuel for an extremely difficult journey. Hope should not be confused with denial; denial can be a negative label erroneously applied to parents of children with special needs.

- *Cultural influences*

Each family faces challenging situations with the internal and external resources they have on hand. Are providers making judgements about the family's response to stress? Are providers using their own standards of right and wrong when evaluating families? The importance of recognizing the diverse approaches to coping is crucial to implementing the principles of family-centered care.

- *Selective information*

Parents and providers may consciously or unconsciously select the information they share. When a family has a child with special needs, often they feel as though their lives are suddenly public knowledge. The privacy of a family often feels invaded. Respecting the information given and respecting the family-directed boundaries is one way to respect the family's coping.

6. **Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.**

- *Is this activity age appropriate?*

The developmental needs for individuals with special needs and their families influence their responses and behaviors. Looking for ways to acknowledge the developmental needs can go a far way to building parent-provider partnerships. Does your evaluation require a 7 year old to answer questions which would ordinarily be used with a preschooler (e.g. the identification of shapes and colors, the identification of familiar objects in the room, door, table)? Does your language reflect the typical language used by consumers of that age?

- *Is this hospital gown age appropriate?*

Considering these "cosmetic" factors will lead to a consumer who recognizes your respect and thoughtfulness. Is the 10 year old given a hospital gown with turtles? Are the decorations in the room stenciled bunny rabbits? Do you have a rotating poster cart, where children can choose from a wide range of posters for their hospital room?

- *What words will I choose?*

A thoughtful consideration of the words to use can make a difference between forming a partnership and alienating a family. Do you speak more loudly when you address someone in a wheelchair? Talking to individuals with special needs is really no different from talking to anyone else you might meet. This is the key. If you would ask a 9 year old, "What are you up to this summer?", you ask the same question to a 9 year old with special needs.

7. **Encouragement and facilitation of parent-to-parent support.**

- *Recognition of ineffable benefit*

Parents with children with special needs over and over again confirm that a number one source of support comes from other parents in a similar situation. Resources and strategies are exchanged, friendships form, and emotional support abounds.

- *How can I help?*

Providing parents with information about parent-to-parent supports may be as important as the more service-specific information you give them. Ask a parent if it would be helpful to connect them with other parents. Ask a parent if a newsletter, support group or conference would be helpful. Let parents know of opportunities to connect with other parents.

- *Respecting confidentiality*

Providers serve an invaluable role in facilitating the connection between parents. Respecting the parents' and childrens' rights of privacy in the process is essential.

8. **Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.**

- *What are your hours?*

Recognizing that many parents work full time and may have jobs where by it is difficult to receive release time is important. Do your hours reflect the needs of parents? If a parent appears to be "uninvolved" in the process of the service, look for reasons which may be based in the family's resources and priorities.

- *Is this what the family wants?*

Families may request a service for their child and yet how that service is delivered may not be consistent with the family's priorities. Families may want the occupational therapy (OT) to include sensory integration (SI), yet the OT provided does not include SI. Is your service one that the family has requested? Does the insurance require the family come into the center, when actually a home-based program would more accurately meet the family's needs? These are considerations as you plan, deliver and evaluate services.

- *Identifying barriers*

It is important to develop a sensitive eye to what is and is not physically and psychologically accessible. Is the classroom arranged to allow comfortable physical access to all students? Is the medical equipment easy to get to, yet safely away from other children? Are there emergency power or back-up supplies for medical equipment? Does the principle want children with disabilities at his/her school or are they seen as "another problem?" Giving these questions careful thought ahead of time can ensure that the needs of all students are met.

Sharing Sensitive Information

1. Honesty and empathy of the messenger
2. Timeliness; share information as soon as possible
3. The presence of both parents
4. Private location
5. Appropriate allocation of time
6. Identification of resources available
7. A follow-up session

From: Hostler, S. L. (Ed.). (1994). Family-centered care: An approach to implementation (p. 537). Charlottesville, VA: University of Virginia, Children's Medical Center, Kluge Children's Rehabilitation Center.

Warm-Up #1:
Round-Robin

What Will Be Learned

Participants will gain a sense of who is in the audience and what others intend to derive from the session.

How Long Will It Take

10-15 minutes
(Variation will be longer)

What You Will Need

- No materials
- (Variation: paper, glue, scissors and old magazines)

Instructions

Have each participant introduce him/herself to the group. It is beneficial to have each tell where he/she works and what he/she intends to gain from the session.

The facilitator will want to make careful mental notes to later draw on the local expertise.

Variation: This simple introductory activity can be enhanced by providing participants with paper, scissors, glue and magazines. Ask each participant to create a "picture" of his or her life, by cutting out pictures from magazines and pasting them onto a piece of construction paper to form a collage. The participants are free to share personal and professional characteristics. This variation will require more time than a simple introduction, yet will give the facilitator and the participants a much better idea of the group composition.

Warm-Up #2:
Visualization Introductions

What Will Be Learned

Participants will be introduced to each other not only by name and focus, but also by sharing a personal story. It also helps to focus the participants on what you will be talking about during the training session.

How Long Will It Take

10-20 minutes

What You Will Need

- No materials

Instructions

Acknowledge that since this session focuses on the principles of family-centered care, it makes sense to have participants reflect on their own experiences. We are all part of some family, no matter how that is defined, and being aware of our own feelings can help us to be more effective with families of children with special needs.

Ask participants to close their eyes and visualize a time in their lives when they needed help from a professional. It might have been when seeking medical care, when enrolling a child in preschool, obtaining career advise or facing a loss. Now ask participants to reflect on what was helpful to them during this time. What was it that a professional did for them that was helpful?

Have the participants introduce themselves and briefly share what was helpful.

Summarize by pointing out that whether you are a parent of a child with special needs or an individual facing cancer (for example), your human needs are very similar. We need to have providers listen, acknowledge, and address our concerns.

Warm-Up #3:
Name Sharing

What Will Be Learned

Participants will "meet" others in the group and hear a brief story about each other's name. The name sharing underscores the individual histories we each bring to a relationship.

How Long Will It Take

10-15 minutes

What You Will Need

- No materials

Instructions

Ask each participant to introduce him/herself and tell a brief story about his/her name.

To summarize this activity, the facilitator emphasizes how self-reflection is the first step to implementing family-centered care. If participants are aware of their own cultural biases and filters, and how those influence assumptions and judgements, implementing the principles of family-centered care will follow.

Facilitator summarizes warm-up activity by acknowledging diversity or similarity within group and expanding this to working with families. "The families you work with will each come with their personal stories, histories, and values. Recognizing the meaning of our own stories will help us to recognize the meaning of the family's story."

Learning Tool #1:
Family-Centered Care Video

What Will Be Learned

Participants will learn the principles of family-centered care through family stories on video

How Long Will It Take

1 1/2 hours

What You Will Need

- The Association for the Care of Children's Health Video: Family-Centered Care
- VCR and monitor
- Handout: Principles of Family-Centered Care
- Handout: Discussion Questions
- Overhead: Discussion Questions

Instructions

Introduce the video by acknowledging its content (e.g., medical model emphasized due to who produced it). Hand out discussion questions ahead or use them as a facilitator follow-up tool.

Show the video. The video comes in two lengths, 39:12 and 25:00. The content is identical, there are just more examples in the longer version. This video also comes with a video-guide which is targeted for nurses, though would be useful for a wide variety of audiences.

Discuss the video. The video guide which comes with this video contains many discussion questions for the facilitator to choose from. Questions range from broad questions about families in general to questions addressing personal and cultural biases. There is also a section with discussion questions for nurses. Attached are discussion questions.

Principles of Family-Centered Care

1. Recognition that the family is the constant in the child's life while the service systems and personnel within those systems fluctuate.

2. Facilitation of parent/professional collaborations at all levels of health care:
   -care of an individual child;
   -program development, implementation, and evaluation; and
   -policy information.

3. Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.

4. Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of families.

5. Recognition of family strengths and individuality and respect for different methods of coping.

6. Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.

7. Encouragement and facilitation of parent-to-parent support.

8. Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.

From: Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

Family-Centered Care Video
Discussion Questions

1. Are the families in the film like the families you see? In what ways are they alike? In what ways are they different?

2. What assumptions do you think are made about families or family members based on race, ethnicity, economic status, education, religion, marital status, age, or gender?

3. What were the family's needs, concerns, priorities, and desires? What were its strengths and resources? How were these needs, concerns, priorities, desires, strengths, and resources identified?

4. How does the family-centered philosophy and approach of the professionals in the film empower and support these families in successfully caring for their children?

5. What role do families have in your setting in determining what information they receive?

6. What do you think are the pros and cons of family-to-family support? Do you think families would agree with your list of pros and cons?

From: Cooper, L., Kostell, A., Mahoney, K., McGonigel, M., & Solem, G. (1991). Family-centered care: A film study guide for nurses. Bethesda, MD: Association for the Care of Children's Health.

Family-Centered Care Video Discussion Questions

1. Are the families in the film like the families you see? In what ways are they alike? In what ways are they different?

2. What assumptions do you think are made about families or family members based on race, ethnicity, economic status, education, religion, marital status, age, or gender?

3. What were the family's needs, concerns, priorities, and desires? What were its strengths and resources? How were these needs, concerns, priorities, desires, strengths, and resources identified?

4. **How does the family-centered philosophy and approach of the professionals in the film empower and support these families in successfully caring for their children?**

5. **What role do families have in your setting in determining what information they receive?**

6. **What do you think are the pros and cons of family-to-family support? Do you think families would agree with your list of pros and cons?**

From: Cooper, L., Kostell, A., Mahoney, K., McGonigel, M., & Solem, G. (1991). Family-centered care: A film study guide for nurses. Bethesda, MD: Association for the Care of Children's Health.

Learning Tool #2:
Family Member Presentation

What Will Be Learned

Participants will appreciate what a family goes through and how that relates to the principles of family-centered care.

How Long Will It Take

1 1/2 hours

What You Will Need

- Slide projector
- Microphone
- Handout: Principles of Family-Centered Care

Instructions

A few weeks before the session, invite a parent to speak about his/her experiences as they relate to the principle of family-centered care (See Appendix A: Suggestions for Involving Consumers). Encourage the parent to use slides or video to provide participants with visual images of the family.

On the day of the session, introduce the family member and provide each participant with a handout on the Elements of Family-Centered Care (See Appendix D).

After the parent has told his/her family story, facilitate a discussion around the principles and issues raised.

Thank the parent and summarize why the principles are important.

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5. Recognition of family strengths and individuality and respect for different methods of coping.

6. Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.

7. Encouragement and facilitation of parent-to-parent support.

8. Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.

From: Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

Learning Tool #3:
Parent Panel

What Will Be Learned

Participants will gain an understanding of the breadth of parent experience and how they relate to family-centered care.

How Long Will It Take

1 1/2 hours

What You Will Need

- Microphones
- Handout: Principles of Family-Centered Care
- Table with chairs

Instructions

A few weeks before the session contact three to five parents and invite them to be on a panel to discuss parenting a child with special needs. A lot of thought should go into selecting parents so that you have parents representing the main focus of your session and group. Ensuring diversity at all levels (e.g., cultural, geographic, gender, and socio-economic class) is an important mechanism for illustrating how all families are individual. Send questions ahead of time to the panel. Questions might include the following:

1. Tell us about your family composition, where are you from, what your child's special needs are and what services you receive.

2. Pick three principles of family-centered care and ask each parent a question around that principle (See Appendix D).

3. What has been helpful in working with providers and what has been less helpful?
   Or
   Do you have any "tips" on how providers can best help families?

On the day of the session, introduce the panel, review the format and facilitate the session. Provide participants with panel questions so they can follow along. Allow time for large group questions.

Thank the parents, summarize two to three key points (e.g., parents say over and over again how they are the experts on their own children).

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From: Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

Learning Tool #4:
Family Story

What You Will Learn

By reading and discussing the following family story, participants will begin to appreciate the complexity of family dynamics.

How Long Will It Take

1 hours

What You Will Need

- Overhead projector
- Handout: Family Story
- Handout: Discussion Questions
- Overhead: Discussion Questions
- Handout: Principles of Family-Centered Care
- Overhead: Principles of Family-Centered Care

Instructions

Provide each student with a copy of the Family Story on the next page. Give participants 10 minutes to read this story.

Facilitate discussion by asking participants to find examples of either where the principles of family-centered care are upheld or not upheld.

Summary: "In any interaction between families and providers, we need to be thinking: Does this fit the Principles of Family-Centered Care test?" Pick one to two salient points brought out by the group to underscore this point.

Family Story

Holly has recently re-married and she and her husband Ralph, are considering having a child. While Ralph has no children, Holly has three from a previous marriage. Regie, her youngest son has a neural tube defect and at ten now, clearly has a significant life-long disability. Holly is torn between Ralph's desire for a child of their own and her own fears of having another child with a disability.

Holly seeks the advise of her family doctor. The family doctor cautions Holly about reproducing again. He points out that she already has three children, one of whom has major medical challenges. He does qualify his response by pointing to the advancements in detecting neural tube defects through amniocentesis, ultrasound, triple screening and the alphafetoprotein test, suggesting that termination of the pregnancy would be a possibility if problems should arise. The family doctor in turn refers Holly and Ralph to a specialized medical counseling clinic at a major hospital two hours from their home. Holly makes the appointment to seek more information about her chances of having another child with spina bifida or other neural tube defect (NTD).

At the appointment Holly is given an enormous amount of information. Unfortunately, Ralph could not attend since it would have required difficult-to-obtain release time from work. The genetics counselor showed Holly charts which described her chances of having another child with NTD based on her age and family history. Holly became overwhelmed by the amount of data and scientific language which was being used. She did not want to appear ignorant and therefore kept nodding her head as the genetics counselor spoke. When asked if she had any questions, she couldn't think of one since her mind was flooded with emotion and confusion. She felt angry with Ralph; why couldn't he have come with her? She felt angry with the counselor; she only knows about numbers and looks like she's fresh out of school totally unaware of what it even means to carry a child, let alone have a child with spina bifida. She was angry with herself; why couldn't she calm down and ask the questions that needed to be asked?

As Holly drove home she felt so sad. When she arrived home Ralph wanted a lot of information and she realized that she could hardly remember anything except how overwhelmed she had felt.

The counselor called the next day and said: "I have been feeling bad about how much information I gave you yesterday and wanted to know if you had any questions from yesterday." Holly was able to ask some questions and even though she didn't grasp all of the medical terminology, she did seem sure that if she and Ralph did have another baby they had very good chances of having a healthy baby.

Family Story
Discussion Questions

1. What elements are family-centered care are upheld in this story?
2. What elements of family-centered care are not upheld in this story?
3. Did the genetics counselor follow the appropriate guidelines for delivering sensitive information. Why? Why not?
4. Does the family doctor value people with disabilities? Why/why not?
5. What are some ways that this experience could have been made more positive for Holly and Ralph?

Family Story
Discussion Questions

1. What elements are family-centered care are upheld in this story?
2. What elements of family-centered care are not upheld in this story?
3. Did the genetics counselor follow the appropriate guidelines for delivering sensitive information. Why? Why not?
4. Does the family doctor value people with disabilities? Why/why not?
5. What are some ways that this experience could have been made more positive for Holly and Ralph?

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7. Encouragement and facilitation of parent-to-parent support.

8. Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.

From: Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

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3. Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.

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5. **Recognition of family strengths and individuality and respect for different methods of coping.**

6. **Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.**

7. **Encouragement and facilitation of parent-to-parent support.**

8. **Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs.**

From: Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

Learning Tool #5: Listening to Families

What Will Be Learned

Participants will learn the roadblocks to listening and will reflect on their own listening skills.

How Long Will It Take

1-1 1/2 hours

What You Will Need

- Handout: Role-Play Task Scripts
- Handout: Roadblocks to Listening
- Overhead: Roadblocks to Listening
- Overhead: Listening to Families
- Overhead projector

Instructions

Begin this session by asking for two volunteers from the group to do a short role-play. Give each volunteer a role and script, which are on the following page. The listener is asked to exhibit several roadblocks to listening. The speaker is asked to continue talking about family-centered care, despite the roadblocks he/she may be observing. Let the role-play continue for five minutes. Thank the volunteers, they can return to their seats.

Generate from the group a list of all of the roadblocks they witnessed in the role-play. Write their comments on a blank overhead. You may choose to briefly comment on their comments. After a list is generated, pass out the handout on the following page; Roadblocks to Listening. This handout is also an overhead. Go over each roadblock and give further detail. Then ask the participants to break into pairs. Each partner takes five minutes as the speaker and then five minutes as the listener.

As a large group, have participants comment on their own roadblocks to listening. Then have them comment on the strengths they observed. There is an overhead sheet on the following page to facilitate this activity. Necessarily, a discussion of listening in relationship to the following should occur: nature of relationship, culture, distance, history, gender, context, and purpose. Summarize by reminding participants to continue to reflect on their own listening skills as they work with families.

From: Herman, P. (1990). Parent involvement resource manual. Madison, WI: Wisconsin Council on Developmental Disabilities.

Role-Play Task Script

LISTENER

In this role-play you will be the listener. Your job is to exhibit negative listening behaviors. The speaker will try to communicate with you, but you are to be diligent in your lack of listening skills. Some suggestions for poor listening behaviors are:

Completely misinterpret what is being said

Give advice

Be right

Argue

Judge

Ask impertinent questions

Cross your arms and legs

Turn your body away from speaker

Do your fingernails

Do not maintain eye contact

Change the subject

Say things like "sure, sure" or "that reminds me of something that happened to me" or "yeah, but"

From: Wolfe, B. L., Petty, V. G., & McNellis, K. (1990). Special training for special needs. Needham Heights, MA: Allyn and Bacon.

Role-Play Task Script

SPEAKER

In this role-play you will be the speaker. Your job is to try to communicate with the listener. Don't give up, although you may want to. Try to get the listener to hear and understand you. Talk about some aspect of family-centered care.

You will have approximately five minutes to talk.

From: Wolfe, B. L., Petty, V. G., & McNellis, K. (1990). Special training for special needs. Needham Heights, MA: Allyn and Bacon.

Roadblocks to Listening

Comparing: what the speaker says to him or herself or to others.

Rehearsing: what you will say in response to the speaker.

Mind reading: what the speaker is really feeling or thinking.

Judging: the merits of what the speaker says or how it is said.

Identifying: what the speaker says with your own experience.

Advising: the speaker and providing solutions without being asked.

Diverting: the speaker by changing the subject, distracting him or her from the topic.

Being right: in your position or idea, leaving no room for listening to the other's perspective.

Placating: the speaker by agreeing with him or her without being involved in what is said.

(Adapted from Wolfe, Petty, & McNellis, 1990)

From: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination (pp. 8-10). Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin - Madison.

Roadblocks to Listening

Comparing

Rehearsing

Mind reading

Judging

Identifying

Advising

Diverting

Being right

Placating

From: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination (pp. 8-10). Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin - Madison.

Listening to Families

My own Roadblocks to Listening:
The Strengths I Observed:

Learning Tool #6: Challenges and Strategies to Family-Centered Care

What Will Be Learned

Participants will reflect on their own challenges to the principles of family-centered care, and hear those others face. As a small group, strategies to these challenges will be generated and discussed.

How Long Will It Take

1-1 1/2 hours

What You Will Need

- Worksheets for note-taking: Challenges and Strategies to Family-Centered Care Worksheet
- Overhead: Challenges and Strategies to Family-Centered Care Worksheet
- Handout: Resources in Family-Centered Care
- Overhead projector & overhead markers

Instructions

Introduce the activity by acknowledging the fact that family-centered care is not without challenges. Break the group into small groups with four to six people in each group. If these groups can be interdisciplinary, the discussion will be enriched. Describe the activity as a time for each participant to think through their past experiences and consider what has been difficult about implementing the principles of family-centered care. Individually, participants should note these challenges. Then as a small group, each participant shares his/her challenges and together the group generates strategies to address those challenges. The facilitator may rotate between the groups to get a sense of what issues are surfacing. When everyone has had a chance to address his/her challenges, the large group reconvenes.

In the large group the facilitator asks for each small group to report. Writing the highlights of each report on an overhead validates the groups' effort and creates a reference point for later discussion. The facilitator may choose to immediately comment on each group's findings or wait until all groups have reported. Large group discussion of the issues, with special emphasis on "problem-solving" can continue for as much time as required.

The facilitator can make one or two summary comments about the activity, for example, "Family-Centered Care is a philosophy which you may whole-heartedly embrace and yet as you can see, putting it into practice can be challenging at times. The important thing to keep in mind is that if you are committed to the philosophy, then the practice will come in time. Keep working on it, keep talking to families and providers and find out what makes it work."

Challenges and Strategies to Family-Centered Care Worksheet

My own challenges:	**My own response to the challenges:**
Group challenges:	**Group strategies:**
Other thoughts:	**Other thoughts:**

Challenges and Strategies to Family-Centered Care Worksheet

My own challenges:	**My own response to the challenges:**
Group challenges:	**Group strategies:**
Other thoughts:	**Other thoughts:**

Resources in Family-Centered Care

Resource Compendia:

Hewitt, A., Larson, S. A., & Lakin, K. C (1994). A guide to high quality direct service personnel training resources. Minneapolis: University of Minnesota, Research and Training Center on Residential Services and Community Living.

Catlett, C., & Winton, P. J. (1994). Resource guide: Selected early intervention training materials. (3rd ed.). Chapel Hill: Southeastern Institute for Faculty Training (SIFT), Frank Porter Graham Child Development Center.

Training Curricula:

Baird, S. (1994). Preparing paraprofessional early interventionists (PPEI) [Training manual]. Tucson, AZ: Communication Skill Builders, Inc.

Baird, S. (1994). Preparing paraprofessional early interventionists (PPEI): Infant-parent interaction activities [Video]. Tucson, AZ: Communication Skill Builders, Inc.

Bennett, T., Lingerfelt, B. V., & Nelson, D. E. (1990). Developing individualized family support plans: A training manual. Cambridge, MA: Brookline Books.

Crais, E. (1991). A practical guide to embedding family-centered content into existing speech-language pathology coursework. Chapel Hill: University of North Carolina, Carolina Institute for Research on Infant Personnel Preparation, Frank Porter Graham Child Development Center.

DiVenere, N., & Witkin, K. (1994). The medical education project: Incorporating the principles of family-centered care in physician education. Winooski, VT: Parent to Parent of Vermont.

Edelman, L. (1991). Delivering family-centered home-based services: A training program videotape and facilitator's guide. Baltimore, MD: Project Copernicus, Kennedy Krieger Institute.

Green, M. (Ed.). (1994). Bright futures: Guidelines for health supervision of infants, children, and adolescents. Arlington, VA: National Center for Education in Maternal and Child Health.

Meyer Rehabilitation Institute and University of Nebraska College of Nursing. Getting started together: Health and education communities working with infants and families. [module syllabi].

Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996) A training and resource guide for enhancing skills in early intervention service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

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World-Wide Web Sites:

Beach Center on Families and Disability
http://www.lsi.ukans.edu/beach/beachhp.htm
The Beach Center provides parent training, professional and emotional support, education and training materials to assist families who have members with disabilities and to influence national policy regarding the welfare of all persons with developmental disabilities.

Family Village
http://www.familyvillage.wisc.edu/
The Family Village on the World-Wide Web is a virtual community of disability-related resources. The Family Village Web Site is modeled after a community. Because information for families who have a member with a disability is scattered and diverse, the Family Village Web Site organizes the wide range of resources in a meaningful way for families.

Family-Centered Care for Children Fact Sheet
http://www.os.dhhs.gov:80/hrsa/mchb/family.htm
A fact sheet from Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

National Parent Information Network
http://ericps.ed.uiuc.edu/npin/npinhome.html
Administered by ERIC, this site is a clearinghouse on elementary and early childhood education and on urban education.

Pacer Center's World Wide Web Site
http://www.pacer.org/index.htm
PACER Center is a nonprofit organization that serves families of children and adults with disabilities. PACER works through the coalition efforts of families representing 20 disability organizations in Minnesota. PACER has local, state, regional, and national projects.

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Learning Tool #7: Basic Early Intervention Knowledge: Overview of Early Intervention and Early Childhood

What Will Be Learned

Trainees will acquire a basic understanding of legislation of the past 20 to 30 years, which led to Parts B and C of the Individuals with Disabilities Education Act (IDEA).

How Long Will It Take

1-2 hours

What You Will Need

- Overhead projector, overhead markers, & overheads
- Wisconsin State Regulations Part B of IDEA
- Wisconsin State Regulations Part C of IDEA
- Overhead: Wisconsin's Early Intervention Timeline
- Overhead: P.L.94-142
- Overhead: P.L.99-457 Promise and Challenge
- Handout: Guide to Similarities and Differences Between Early Intervention and Preschool Special Education Services (LRP)

Instructions

Before you begin:

For this activity, students are provided with the state and federal regulations for Parts C and B of IDEA and a state booklet which describes Birth to 3 in straight forward language. Students are expected to have looked through the regulations and studied the Birth to 3 booklet.

It is important to note that the following activity can be modified to reflect individual states. The example below focuses on Wisconsin, however, any state information could replace this with a little research by the trainer.

During the training:

Trainees are introduced to this topic by emphasizing the fact that history is fluid. What they hear at this seminar may change in the future, since laws are regularly reshaped to respond to the political climate of the times. The historical piece will not change, however, its interpretation may be re-defined by individuals and time. One outcome of this seminar is that students will gain an understanding and appreciation of the foundational structure (i.e., legislation) that exists to support many of their own professional efforts.

Sample Introduction:

In our country, public laws guide and dictate the direction and approach to health, social and educational policies. In this seminar, the public laws which have led to Early Intervention will be reviewed. A focus on one law in detail, The Individuals with Disabilities Education Act (IDEA), will follow. We will focus our attention on what this law has meant for families with children from birth to five.

The trainer may choose to go right to a review of the legislative history, or spend 10 minutes asking questions of the students to determine their level of knowledge in this area.

Questions to ask Students:

1. "What is your definition of Early Intervention?"
   List key responses on an overhead. The facilitator can then state a definition, acknowledging the trainee comments. Sample definition: "Early intervention, in the broad sense, refers to any intervention which occurs within the first three to eight years of life aimed at maximizing a child's potential. Various organizations define Early Intervention differently."

   Other definitions:
   "The use of the term Early Intervention, referring to children from birth to five years old, was also selected to reflect the array of programs-- including those in medical, educational and multidisciplinary settings-- that provide services to young children and their families." (Bricker & Cripe, p. 2)

   "Specialized services provided to infants and toddlers who are at-risk and/or are showing signs of developmental delay. Services emphasize the continued development of basic skills through planned interactions that will minimize the effects of the baby's condition. Several types of qualified professionals may plan and implement early intervention services, provided in conformity with an individualized family service plan. These professionals include case managers, infant educators (who use developmental play activities to promote the infant's acquisition of basic skills), physical or occupational therapists, speech and language therapists, audiologists, social workers, or other individuals who are trained to help infants and young children with acquiring new skills and behaviors, or to provide other services such as family training, screening, assessment, or health care. Early intervention services are provided under public supervision and at no cost (except where federal or state law provides for a system of payment by families)." (Coleman, pp. 95-96)

2. "Can you give examples of organizations/programs which provide/practice early intervention?"
   List student responses on overhead (e.g., Head Start, WIC, B-3, NICU). Discuss what specific interventions might occur in each of these settings. Clarify Birth to 3 early intervention as in services to young children with special needs and families.

Legislative History:

Go through the overheads (attached) and explain/describe how each piece of legislation met the needs of families and young children. The trainer may choose to have the presentation highlight their own state's history. Describe the prominent role which families played in initiating and ensuring this legislation.

The trainer may choose to show a video which would provide an overview to one or more aspects of this content. Suggested videos are included in the reference section of this Learning Tool.

This session concludes with a comparison of Part H (currently Part C) and 619 of Part B of IDEA. The trainer can review the LRP comparison sheet for an overall national comparison.

Follow-up:
Throughout the year, or at subsequent meetings with this group, updates on current legislation could be provided. Students can also be provided with World-Wide Web Site information so that they can keep current on legislative activity. Continued efforts to encourage student knowledge of legislative issues promotes the potential for systems change.

Trainer's Notes

This session is critical to establishing the importance of legislation and policy and its tight connect to practice. If students are learning about this topic for the first time, it may be overwhelming. The more anecdotes used to illustrate the legislation process, the better able to maintain student interest.

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Wisconsin's Early Intervention Timeline

Early 1970s	• First programs (e.g., Portage Project, Brown County, Curative) • Home trainers
1973	• WI Chapter 115 of State Statutes • Counties switched from 3-5 to B-3
1975	• P.L.94.142--Education of All Handicapped Children's Act
1978	• DPI Licenses 808-EC:EEN
1979	• Chapter 1 funds available to B-3
1986	• P.L.99-457, Part H
Nov. 1987	• WI establishes ICC

July 1988	● WI begins to develop B-3 system
July 1989	● WI develops first policies ● Funds Learning Sites and WPDP
1990	● IDEA passed
Aug. 1991	● WI first B-3 legislation -core services
Oct. 1991	● Emergency Rules-Children and families receive core services
July 1992	● WI Budget Adjustment Bill -Full implementation
Jan. 1993	● Full implementation of B-3 Program

From: Jesien, G. (1997). Wisconsin's early intervention timeline. Madison: WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

P.L.94-142

✓ **Free of Cost**

✓ **Individual Education Plan (IEP)**

✓ **Procedural Safeguards for Families**

✓ **Zero-Reject: ALL must be included**

✓ **Least Restrictive Environment (LRE)**

✓ **Parent Involvement; Shared Decision-Making**

From: Turnbull, A. P., & Turnbull, H. R. (1996). Families, professionals, and exceptionality: A special partnership (2nd Ed.). Columbus: Merrill Publishing Company.

P.L.99-457
Promise and Challenge

- Family-Centered
- Interdisciplinary
- Coordinated
- Comprehensive
- Community Based
- Consumer Driven
- Integrated
- Built on Partnerships

From: Jesien, G. (1997). P.L.99-457: Promise and challenge. Madison: WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Guide to Similarities and Differences Between Early Intervention and Preschool Special Education Services

EARLY INTERVENTION	PRESCHOOL
Who is referred: Infants or toddlers with developmental delays or disability, birth to 3 years of age. Referral in two working days to Early Intervention Official, unless parent objects. EIO designates a service coordinator; forwards a copy of the parent handbook; meeting to develop IFSP within 45 days. Initial service coordinator explains the Early Intervention Program to parents, gives parents list of approved evaluators, helps parents select and arrange an evaluation.	**Who is referred:** Preschool students with a disability, 3 to 5 years of age. Referral in writing, with parent consent, to chairperson of school district's CPSE, 120 days before eligibility before preschool special education; AND 90 days before eligibility begins. Optional Transition Conference with EIOD, parent, CPSE chairperson, **AND/OR** approximately 60 days before eligibility, parent registers child with CPSE, receives list of approved evaluators, consents to evaluation (IEP meeting must occur within 30 school days of signed consent to evaluate).
Eligibility is: • based on the results of an individual evaluation; • conducted by a multidisciplinary evaluation team; • not based on a single procedure; • based on a diagnosed condition with a high probability of developmental delay; or a developmental delay in any one of the five areas of development: physical, including vision and hearing; communication; social/emotional; cognitive; adaptive.	**Eligibility is:** • based on the results of an individual evaluation; • conducted by a multidisciplinary evaluation team; • not based on a single procedure. • based on child who exhibits a significant delay or disorder in one or more functional areas related to cognitive, language and communicative, adaptive, social/emotional, or motor development which adversely affect the ability to learn.

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Guide to Similarities and Differences Between Early Intervention and Preschool Special Education Services

EARLY INTERVENTION	PRESCHOOL
The developmental delay must be documented by the results of an evaluation done by qualified professionals using informed clinical opinion, diagnostic procedures and/or instruments which determine: • a 12 month delay in one functional area; or • a 33 percent delay in one functional area, or 25 percent in each of two functional areas; or, • a score of 2.0 standard deviations below the mean in one functional area; or a score of 1.5 standard deviations below the mean in two or more functional areas.	The delay or disorder must be documented by the results of the evaluation and indicate: • a 12 month delay in one or more functional areas; or • a 33 percent delay in one functional area, or a 25 percent delay in each of two functional areas; or • a score of 2.0 standard deviations below the mean in one functional area, or a score of 1.5 standard deviations in each of two functional areas.
Individualized Family Service Plan (IFSP) Members of the IFSP Team: • Parent of the infant/toddler with a disability • Early Intervention Official • Evaluator • Initial/Ongoing Service Coordinator • Anyone the parent chooses to invite • Anyone the initial service coordinator chooses to invite, with the parent's consent	**Individualized Education Program (IEP)** Members of CPSE for a child in transition from EI: • Parent member • CPSE chairperson • A professional who participated in the evaluation of the child; OR, a person who is knowledgeable about the evaluation procedures and results. • Municipal preschool program representative • A representative designated by the Early Intervention Official, and a state certified teacher.
IFSP is reviewed every six months--or more often if requested by the parent--and evaluated annually.	The IEP may be reviewed periodically, but not less than annually.

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Learning Tool #8:
Basic Early Intervention Knowledge: Disciplines and Roles

What Will Be Learned

Students will gain an understanding of the diversity of providers in early intervention and early childhood education. Students will understand what roles and responsibilities usually are ascribed within the various disciplines.

How Long Will It Take

1-2 hours

What You Will Need

- Handout: Birth to 3 Disciplines
- Worksheet: Toy Catalog Activity Worksheet
- Blackboard, overhead, or flipchart paper
- Toy catalogues, paper, glue and markers

Instructions

Before you begin:

Students should read the Chapter 14, Farrell, S. E. (1991). The interdisciplinary team process in developmental disabilities. In A. J. Capute, & P. J. Accardo (Eds.), Disabilities in infancy and childhood. In addition, students will have interviewed one another about their respective disciplines. (See Team Module, Activity 1)

During the training:

To begin this session, the trainer may want to ask for additional questions based on the readings and interviews. If students do have questions, specific responses will clarify the discipline definitions. If there appears to be confusion, the trainer may choose to provide a definition for each discipline.

Students are introduced to the variety of disciplines that work with young children and their families. The overhead (attached) list what disciplines are required under Part C. Discussion about which services may be found "in-house" versus "contracted" will highlight the diversity of how early services are provided based on multiple variables (e.g., geographic location, philosophical approach, availability of resources). This activity also prepares students for their work in interdisciplinary teams, and asks them to consider toys as an avenue for assessment and intervention.

Students are divided into small interdisciplinary teams of three to five members. Teams are given toy catalogues and asked to consider the perspective of several specific disciplines are assigned (e.g., social work and physical therapy). Each group is asked to identify toys that would be used by specified disciplines and what information or intervention that toy would help provide. An example can be given to the students as part of the introduction: a speech and language pathologist might choose a farm animal to elicit short sounds (e.g., "Ba ba").

Students are given 15-20 minutes to choose toys and describe how the toy would be used by the specific disciplines (worksheet attached). Students should choose language which can be understood by all disciplines and family members. Pictures of toys can be glued to the worksheet. Groups should identify a group reporter.

After each group has completed their activity, the large group reconvenes. Reporters from the small group describe the toys their group chose, and how the assigned disciplines would use those toys. Large group discussion of discipline overlap and roles can follow. The trainer wraps up the seminar by reminding the students of their individual discipline contributions to the team and how these contributions will be collectively pooled as the students work in interdisciplinary teams for the year.

Follow-up:
Encourage students to continue to reflect on their own discipline roles and those of their colleagues. If the trainer has ongoing contact with the group, a future session on transdisciplinary teaming would build nicely on this topic.

Trainer's Notes

The trainer will benefit from spending as much time as needed on defining disciplines. Sometimes, students within a discipline may even be unsure as to how their profession can be helpful to young children; perhaps they have never had a course in pediatrics. Understanding one's own discipline is an important prerequisite for understanding the disciplines of others.

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Birth to 3 Disciplines

Qualified Personnel*

1. Audiologists
2. Early Intervention Program assistants
3. Nurses
4. Nutritionists
5. Occupational therapists
6. Orientation and mobility specialists
7. Parent facilitators
8. Pediatricians and other physicians
9. Physical therapists
10. Psychologists
11. Rehabilitation counselors
12. School psychologists
13. Social workers
14. Special educators
15. Speech and language pathologists

* This listing includes paraprofessionals in these disciplines.

From: Division of Community Services, Department of Health and Social Services (1993). Wisconsin administrative code, HSS 90 early intervention services from birth to age 3 with developmental needs [Register], No.450, 322-333.

Toy Catalog Activity Worksheet

Discipline	Toy	What information does it provide?	How can it be used in intervention?

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Learning Tool #9:
Basic Early Intervention Knowledge: Sharing Sensitive Information

What Will Be Learned

Students will appreciate what families experience as they come to understand that their child has special needs. Students will consider how, when and where to deliver sensitive information.

How Long Will It Take

1-2 hours

What You Will Need

- Overhead, blackboard or wallchart paper
- Chapters 2 and 3: Leff, P., & Walizer, E. H. (1992). Building the healing partnership. Cambridge, MA: Brookline Brooks.

Instructions

Before you begin:

Students should complete the Leff and Walizer reading. Ask for two student volunteers to prepare to lead a discussion of the readings.

A few weeks before the training, invite three to four parents of young children to speak about their experiences. Appendix A of the Family Module, includes the Parent Consultant Directory, has information on how to invite parents to a seminar and a sample letter of invitation and a follow-up letter of acknowledgment.

During the training:

Readings discussion: This seminar could begin with a discussion of the reading (Leff & Walizer). There are many ways to do this. One that has been especially useful is to ask two students ahead of time if they would be willing to lead a readings discussion. For this discussion, students are encouraged to create questions based on information from the reading that allow the group to reflect on their practice and personal experience. Some students create fictitious vignettes and then ask their peers to address the situational dilemma. This discussion usually lasts about 20 minutes.

After the readings discussion, the trainer proceeds to clarify some defining terms for the session.

1. Defining the Term *Diagnosis*
   On a blackboard, list the responses students have to the following questions: What does diagnosis mean to professionals? What it means to parents? Look at the similarities and differences in how parents and professionals may view a diagnosis.

2. How is Sensitive Information Delivered?
   On the blackboard, list student responses as to the following questions: How is the information delivered? Where? When? Why? Summarize the information and add to it, if necessary. What should emerge from this is that one should carefully consider why to share information, and then decide how, when and where. Information should not be passed on without thought as to how it will impact on the receiver. Diagnosis is one type of sensitive information, however, many other pieces of information may also be perceived as very sensitive to family members and students need to be thinking of this as they work with families and other professionals.

   After the group has had a chance to think about this topic, facilitating a parent panel is an excellent way to build on the discussion.

3. Parent Panel:
   Facilitate a parent panel with three or four parents who have learned of their child's diagnosis in different ways. The panel should last about an hour. The following three open-ended questions often lead to an informative panel discussion. Some questions from the students could be taken as the panel moves along.

   ☞ Tell us about your family and your child with special needs.
   ☞ Could you tell us how you received the diagnosis for your child and what that process or event felt like?
   ☞ What tips would you give to future professionals in terms of delivering sensitive information to families?

   After the parents leave, the students may offer additional comments, reflections or observations.

4. At the end of this seminar, the trainer can summarize the key points from the session. Alternatively, the trainer could ask the students to list the key points, as the trainer records them on the blackboard.

Trainer's Notes

Students really appreciate the "debriefing" period after the parent panel. Often there are questions or observations that the students did not state to the parents directly for fear of offending them, yet need to be brought out for further class discussion.

This topic also lends itself nicely to a role play. Assign roles and various "attitudes" to individuals and have them practice giving and receiving information. Have students pay attention to body language, posture and actual word use. The role play will enable them to practice some skills in this area.

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Learning Tool #10: Basic Early Intervention Knowledge: World Wide Web Training

What Will Be Learned

Students will learn how to access and use the World Wide Web. They will gain an appreciation for the wealth of information available to families and providers and how to use that information to help families.

How Long Will It Take

2 hours

What You Will Need

- Computer lab equipped with networked computers and one projector
- Handout: Agenda
- Handout: Colantonio, E. (1996). A guide to the Internet. Madison, WI: Waisman Center, University of Wisconsin-Madison.
- Handout: Rowley, L. (1997). Resources for parents of children with special health care needs. Madison, WI: Waisman Center, University of Wisconsin-Madison.
- Worksheet: Scavenger Hunt

Instructions

Before you begin:

If possible, try to determine the level of computer knowledge and skill of the group. This will influence how much time to spend on introductory versus more advanced information and skills.

During the session:

Briefly define and describe the World-Wide Web. Use a projector to lead the group through accessing the web, doing a search, creating bookmarks, downloading information, e-mail on the Web and more. For a more advanced group, an assignment could be given to them (e.g., to find a certain resource on the Web).

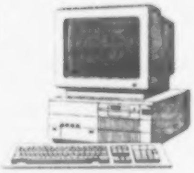
Follow-up:

An assignment which directly relates to any specific content area.

Trainer's Notes

Needless to say, this activity assumes that the staff and students have access to a computer. Even without access, a one-time exposure to the information highway can only enhance the student's understanding of the wealth of information available.

IDTRAIN INTERNET WEB TRAINING
-Training Outline Agenda-



Reading Discussion

Overview of the Internet

- E-Mail
- Mailing Lists
- News Groups
- IRC
- FTP
- World Wide Web

Getting Connected

- Hardware Needed
  - Windows Base Machines
  - Macintosh
- Modems
  - Recommended Specs
- ISP - Internet Service Providers
  - Local Internet Providers
  - Commercial On-Line Services
  - University Accounts
  - Future Trends
    - Connections
    - Hardware

Using a Browser

- What is a Browser
  - Menu Bar
  - Tool Bar
  - Location
    - URL's and Domains
- Book Marks
- Copying and Saving Files Graphics
- Helper Applications

Searching the Web

- General Searching
  - Generic Search Engines
  - Optimizing Searches
  - All-in-One Search Engines

Play Time

- Specialized Searching - Sample sites
  - The Family Village
    (http://www.familyvillage.wisc.edu/)
  - Rare Genetic Diseases In Children
    (http://mcrcr4.med.nyu.edu/~murphp01/homenew.htm)
  - Thomas - Legislative Information on the Web
    (http://thomas.loc.gov/)
  - PubMed - From the National Library of Medicine
    (http://www.ncbi.nlm.nih.gov/PubMed/)
  - NORD - The National Organization for Rare Disorders
    (http://www.pcnet.com/~orphan/)
  - Virtual Hospital
    (http://vh.radiology.uiowa.edu/)
  - Division for Early Childhood
    (http://www.soe.uwm.edu/dec/dec.html)
  - Waisman Center Early Intervention Program
    (http://www.waisman.wisc.edu/earlyint/)
  - Pharmacology/Drug Information: RxList - The Internet Drug Index
    (http://www.rxlist.com/)

Maps
- Yahoo Maps (http://maps.yahoo.com/yahoo/)

White and Yellow Pages
- Switch Board (http://www.switchboard.com/)

E-mail addresses
- 411 Directory (http://www.four11.com/)

Useful Sites

Early Intervention Related Websites
(http://www.waisman.wisc.edu/earlyint/eilinks.htmlx)

Scavenger Hunt & Play Time

Adjourn

A Guide to the Internet

by Ernest S. Colantonio

family village

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A Guide to the Internet

What is the Internet?

You already know what a *computer* is. A *computer network* is two or more individual computers connected together so that their users can send messages to each other and share information and devices such as printers.

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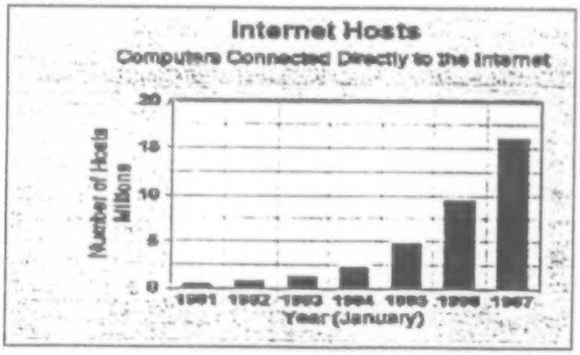
*The **Internet** is a loose union of computer networks that connects millions of computers all over the world.*

Originally, the Internet was intended to facilitate communication and the sharing of computer resources among far-flung scientific researchers. (Yes, the Internet really was used by honest-to-goodness rocket scientists.) It worked so well that it soon advanced far beyond its original mission. Today, the Internet is used by millions of people from all walks of life (that is, non-rocket-scientists) for communicating, presenting, and gathering information, and just plain having fun. Thousands of organizations and companies use the Internet to advertise, inform, distribute software, gather feedback, and process customer orders.

Why Should You Care About the Internet?

You should care about the Internet because it is the largest network of computers in the world. How large? Why, the Internet is so large that no one really knows how large it actually is. Estimates as of January of 1997 place the number of computers connected directly to the Internet (called*hosts*) at around 16 million in 175 countries all over the world. However, there are many other computers that are connected indirectly through hosts, at least some of the time, to the Internet. In addition, no single organization manages or is "in charge"of the Internet. So, no one knows for sure how many people use the Internet. Let's just say many "millions."



You should care about the Internet because it can provide, inexpensively and 24-hours-a-day, services that you can get no where else. What services? They include the ability to

- send messages almost instantaneously to anyone else connected to the Internet for a cost of only pennies.
- copy computer programs and data from organizations and companies anywhere in the world, anytime of day, directly from their computer to your computer with no physical transfer of disks.
- use any computer connected to the Internet anywhere in the world from your own keyboard and screen (assuming you've been authorized to use the remote computer).
- view pictures, hear sounds, and even watch full-motion video clips transmitted from distant computers to your own computer.
- gain almost free access to information provided by thousands of organizations, companies, and even individuals all over the world at a moment's notice.

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How Can You Get Connected to the Internet?

Several different ways exist for you to get connected. At the most basic level, however, you will need a computer, a device called a modem, and a telephone line (which can be your ordinary voice telephone line if you don't mind your callers getting a busy signal while you use the Internet).

Here are some minimal setups needed to access the most useful Internet resources:

- **Windows 3.1 microcomputer**
  - 386sx CPU (i486 or Pentium recommended)
  - 4 MB memory (8 MB recommended)
  - 3 MB or more free hard disk space
- **Windows 95 or Windows NT microcomputer**
  - 386sx CPU (i486 or Pentium recommended)
  - 6 MB memory (8 MB recommended)
  - 9 MB or more free hard disk space
- **Apple Macintosh microcomputer**
  - 68020 CPU (or better)
  - 7 MB memory (9 MB recommended)
  - 6 MB or more free hard disk space
- **14.4 Kbps modem** (28.8 Kbps or faster recommended)

Software

- **IBM-compatible microcomputer**
  - Microsoft Windows 3.1 along with Winsock software (e.g. Trumpet Winsock)
  - Windows 95 or Windows NT 3.5 or newer
- **Apple Macintosh microcomputer**
  - System 7 or newer
  - MacTCP 2.0.2 or newer
- **Web browser program** (e.g. Netscape Navigator or Internet Explorer)

Also, you must have a dial-up account from an Internet access provider (e.g. a university, on-line information service such as AOL or the Microsoft Network, or a local Internet access company.)

The minimum cost ranges from around $10 to $30 per month to be connected via an on-line service or Internet access company.

What Can You Do On the Internet?

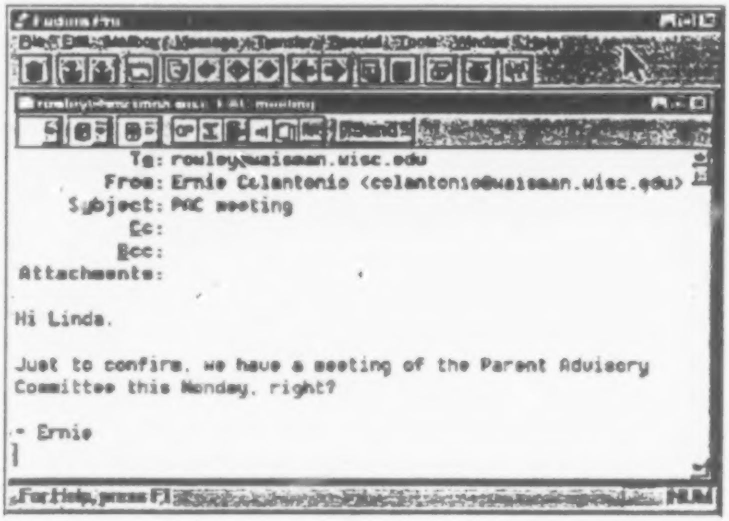
Much more than can be described here, but let's stick to the most popular and interesting services. These include:

- **Electronic Mail** – receiving and sending personal messages
- **File Transfer** – receiving and sending computer programs and data
- **Remote Access** – using distant computers
- **Mailing Lists** – receiving and sending group messages
- **News Groups** – reading and posting special-interest information
- **Conferencing** – "chatting" on-line with one or more other users
- **Information Retrieval** – using hierarchical menus to find information
- **World-Wide Web** – accessing linked multimedia documents

Electronic Mail

Electronic mail (or email) is the most commonly-used feature of the Internet today. It's simple, convenient, fast, and extremely useful. Communicating with someone on the other side of the world is as easy and almost as quick as communicating with someone in the next room. It's cheap, too.

To send an email message, all you need is to be connected to the Internet, have an email program on your computer, and know the email address of the person with whom you want to communicate. For example, one popular email program for both IBM-compatible computers and Macintoshes is called Eudora. It looks like this:



To: rowley@waisman.wisc.edu
From: Ernie Colantonio <colantonio@waisman.wisc.edu>
Subject: PAC meeting
Cc:
Bcc:
Attachments:

Hi Linda,

Just to confirm, we have a meeting of the Parent Advisory Committee this Monday, right?

- Ernie

In this case, the email address of the recipient is

`rowley@waisman.wisc.edu`

The part before the @ symbol identifies the person and is often a portion of their name. The part after the @ symbol identifies the host, or computer that maintains their email account. Just like a regular address tells the Postal Service where a letter should be sent, an email address tells the Internet where an email message should be sent. The sender's address is sent along with the message so that the recipient knows who sent it and can reply. Also, if for some reason the message cannot be delivered, the sender will be automatically notified by email.

To send this message, all *colantonio* has to do is click the *Send* button. In a manner of seconds or minutes, the recipient *rowley* will be notified that new mail has arrived and she can read it immediately or wait until later. Even if the recipient is not using her computer, any email message that arrives will be stored in her personal "mailbox" and kept there until she chooses to read it. Messages can be stored, deleted, forwarded to others, or immediately answered after they are read.

Although most email messages are sent to just one other person, it's just as easy to send the same message to a few or even many other recipients. The *Cc* feature, which stands for *Carbon Copy*, lets you send the same message to one or more other people. Alternately, many email programs let you send the same message to several people by listing their email addresses in the *To* section of the screen. You can even set up mailing lists consisting of groups of email addresses.

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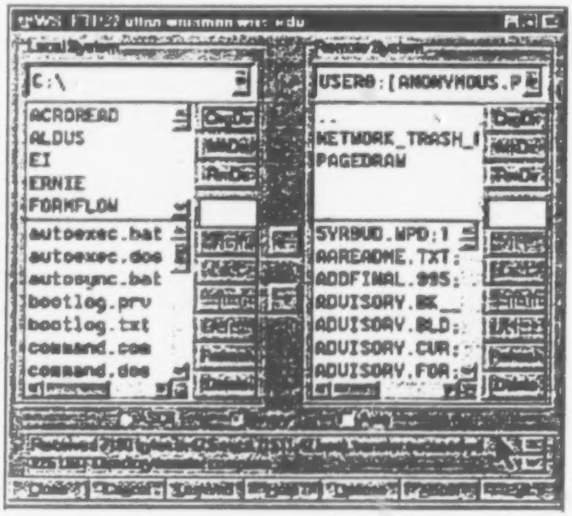
File Transfer

Computers store things in files. So, a *file* may be a document, program, picture, sound recording, video clip, budget, or any other kind information that can be stored on a computer. As you can imagine, files are valuable and there are many reasons why people might want to share them. For example, an author might want to share a file containing a book chapter with her editor so that it can be reviewed. A university department might want to share its files containing Ph.D. theses or technical research reports. A software company might want to share its files containing updates or corrections to software products. The U.S. Census Bureau might want to make.public its files of census data.

One of the reasons the Internet was established was to facilitate the transfer of files between computers. So, a set of rules, known as a *protocol*, was agreed upon to make sure that all computers connected to the Internet could send and receive any kind of file. This set of rules is called the *File Transfer Protocol*, or *FTP* for short. It works the same whether the computers are in the same building or on different continents. On many systems, the actual program you use to transfer files using this protocol is also named *FTP*.

An organization that wants to share files sets up an FTP site. It may allow anyone access to this site or restrict access to certain people. Many sites let anyone who uses the name *anonymous* to enter the system and copy certain files. For example, the Waisman Center has just such a site. Here is a sample session of a program called WS_FTP (an FTP program that runs under Microsoft Windows) that is connected to the Waisman Center's FTP site:


Local System
C:\
ACROREAD
ALDUS
EI
ERNIE
FORMFLOW
autoexec.bat
autoexec.dos
autosync.bat
bootlog.prv
bootlog.txt
command.com
command.dos
Remote System
USER8:[ANONYMOUS.P
..
NETWORK_TRASH_
PAGEDRAW
SYRBUD.WPD;1
AAREADME.TXT;
ADDFINAL.995;
ADVISORY.BK_
ADVISORY.BLD;
ADVISORY.CUR;
ADVISORY.FOR;

The box on the right lists files on the Waisman Center computer. The box on the left represents your computer. To transfer a file from the Waisman Center to your computer, you simply highlight the file on the right side and click the button with the arrow pointing to the left.

Of course, you need to know the location and name of a file before you can actually transfer it. Most sites contain one or more files that you can transfer first to tell you the locations and names of the files you seek.

You may also use FTP to send files to certain sites, but this is less common that obtaining files from remote sites.

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Remote Access

To use most personal computers, you simply turn them on and start typing and pointing and clicking. To use a larger, shared computer or the services of a network of personal computers, you usually need an account. An *account* consists of permission to use a computer system, plus some amount of space to store your files. When you get an account, the system administrator assigns you a *username* and an initial *password*. Your username, for example, might be your last name, or your first name, or your initials, or some combination of these. The first time you access your account (or *login*), you will have the opportunity to change your assigned password to a secret one of your own choosing. Your password ensures that only you will have access to your account. (Actually, the system administrator may also retain access to your account.)

Scientific researchers often have accounts on several, or even many, different computer systems. For example, an atmospheric scientist may obtain an account on a supercomputer (a really fast and big computer) at a distant university so that she may use its superior mathematical speed to work on weather-prediction problems. Remember that the Internet was originally designed to help researchers collaborate. So, one of the major features of the Internet is that it allows remote access to computers.

This feature, however, is also used by ordinary folk to work on different computers. For example, many people have an account on a computer where they work or go to school. They may also have their own personal desktop or laptop computer at home. By using the remote login capability of the Internet, they can access their computer account at work or school from home, or indeed from any other computer connected to the Internet. And what can they do? Well, they can read their email or send new email messages or look at their own files. In some cases, a person can actually do anything via a remote access that they can do in person.

In addition, some organizations and companies give people temporary or limited access to their computers for special purposes. For example, many academic libraries have their catalogs on-line and accessible to anyone connected to the Internet. At least 500 such catalogs from all over the world are on the Internet and they let anyone peruse bibliographic information about their holdings.

Accessing remote computers over the Internet is possible thanks to a protocol (remember, a *protocol* is a set of rules) called *Telnet*. Like FTP, the program that uses the protocol is also called *telnet* on many computers.

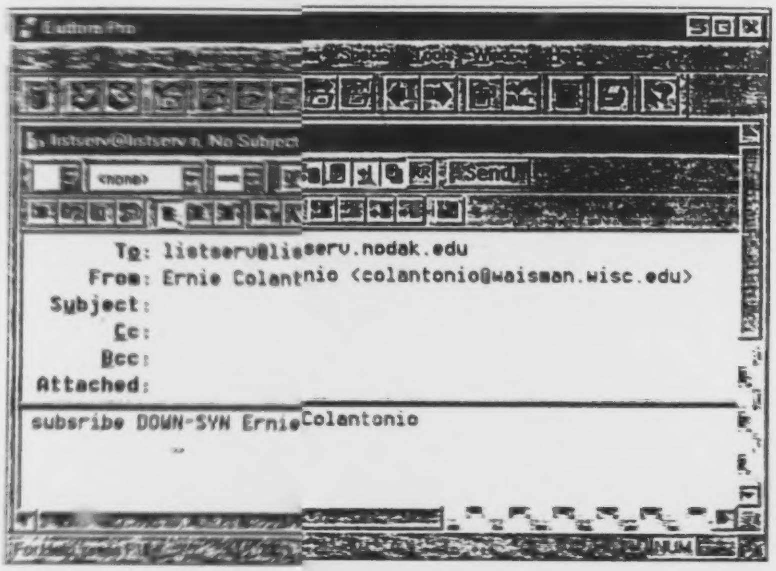
Using telnet is easy on most computers. You simply type *telnet* followed by the name of the computer host you want to access. For example, the host name of the Waisman Center is *waisman.wisc.edu*. Once the connection is made, the session proceeds just as if your computer were connected directly to the remote computer.

Mailing Lists

A *mailing list* is simply a list of email addresses of people interested in a particular subject. Mailing lists can include as few as two people or as many as thousands. The Internet has thousands of different mailing lists on almost any subject imaginable, including many involving disabilities. Organizations or even individuals can create and maintain new mailing lists if one doesn't already exist for a topic. To receive a list of disability-related lists, send a message to *rowley@waisman.wisc.edu*.

Each mailing list has its own distribution address, which looks just like a regular email address. All you have to do to get on a mailing list is to "subscribe" by sending email to the list administrator. This administrator may be a real person or an automated list maintenance program. One such program is called *LISTSERV* (short for List Server). Once you subscribe, your email address will be added to the mailing list, and you'll start receiving messages from other list members. You may reply to these messages or start new discussions. Any message you send to the email list address will be automatically distributed to every member of that list. Alternatively, you may choose not to participate actively by sending messages at all; you can just "listen" to the discussions (sometimes called *lurking*).

So, to subscribe to a mailing list on the Internet, you usually send a subscription request to the list's *administrative* address, which is distinct from the list's *distribution* address. For example, one Internet mailing list on Down Syndrome is named *DOWN-SYN*. The administrative address for this mailing list is `listserv@listserv.nodak.edu`. The following screen shows the email message user *colantonio* would send to subscribe to the DOWN-SYN mailing list:



To: listserv@listserv.nodak.edu
From: Ernie Colantonio <colantonio@waisman.wisc.edu>
Subject:
Cc:
Bcc:
Attached:

subsribe DOWN-SYN Ernie Colantonio

After subscribing, you will receive a standard letter of welcome (via email) telling you about the list. From that time on, you will receive all mail (postings) sent to the list by its members. You may just follow the discussions (lurk) or join in on them. If you respond, you can send your response to the whole list (in which case, all members of the list will receive it), or to just an individual on the list. For example, to post a message to the entire membership of the Down Syndrome mailing list, you would send an email message to `down-syn@listserv.nodak.edu`. You can get off the mailing list (unsubscribe) at any time by simply sending an email message to the list administrator (`listserv@listserv.nodak.edu`) with the command *SIGNOFF DOWN-SYN*. You can also get a listing of all the members of a list and their email addresses.

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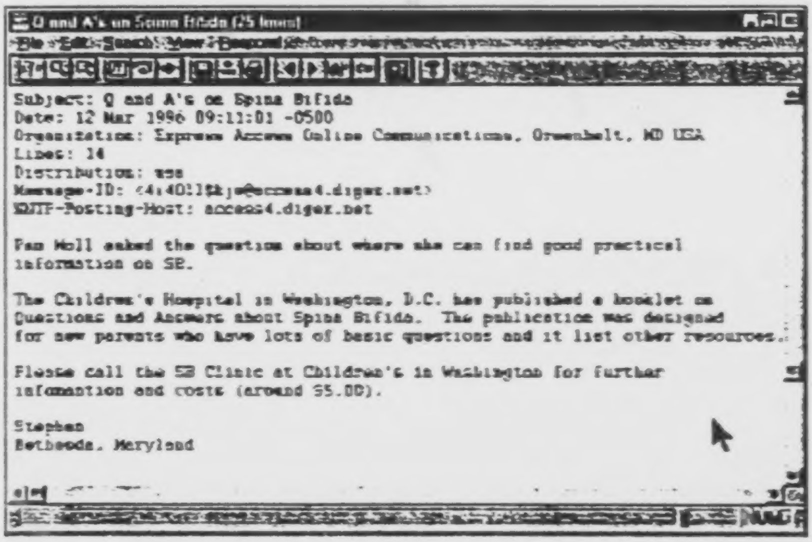
Newsgroups

Internet mailing lists are essentially closed discussion groups; you must subscribe to a list and postings are distributed directly, via email, to all members. The Internet also offers access to a somewhat different means of holding open group discussions, known as *Usenet*. Technically, Usenet is a conferencing system distinct from the Internet. Even though Usenet is closely related to the Internet, and a lot of its traffic travels over the Internet, Usenet is not the Internet. Many people who have access to Usenet don't have Internet connections; similarly, Internet connectivity doesn't always provide access to Usenet (but it usually does).

A Usenet discussion group is called a *newsgroup*, and there are thousands of them. (Estimates range from 5,000 to 10,000.) In this context, "news" has no particular relation to current events; Usenet newsgroups cover many diverse topics, some serious and others frivolous. Science, politics, music, philosophy, sex, cooking, skydiving, alien visitors, back rubs, coffee, and limericks, all have one or more Usenet newsgroups devoted to them. Some even cover current events. Every day, hundreds of thousands of people read some Usenet newsgroup.

The main difference between mailing lists and newsgroups is that discussions come directly to all members via email with mailing lists, but with newsgroups you must execute a *newsreader* program to follow discussions. So, a newsgroup is sort of like a centralized bulletin board where you go to look at messages people post. If you have a newsreader program and access to Usenet, you may read any message posted on any newsgroup. In this sense, newsgroups are more open than mailing lists because you do not need to send an email message to an administrator to be able to follow the discussions.

The following message, for example, was posted on the Usenet newsgroup *alt.support.spina-bifida*:


Q and A's on Spina Bifida (25 lines)
File Edit Search View Respond

```
Subject: Q and A's on Spina Bifida
Date: 12 Mar 1996 09:11:01 -0500
Organization: Express Access Online Communications, Greenbelt, MD USA
Lines: 14
Distribution: usa
Message-ID: <4i4011$kjs@access4.digex.net>
NNTP-Posting-Host: access4.digex.net

Pam Moll asked the question about where she can find good practical
information on SB.

The Children's Hospital in Washington, D.C. has published a booklet on
Questions and Answers about Spina Bifida.  The publication was designed
for new parents who have lots of basic questions and it list other resources.

Please call the SB Clinic at Children's in Washington for further
information and costs (around $5.00).

Stephen
Bethesda, Maryland
```

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Conferencing

Both email and newsgroups allow you to send and receive messages at your convenience. In other words, you need not be at your computer the moment a message is received because it will be stored for you to read whenever you like. The Internet has a more interactive method of communication called *Internet Relay Chat* (*IRC*). This type of "chatting" is similar to telephone conferencing, except that users type instead of talk. In fact, it goes beyond telephone conferencing because many people may be interacting at the same time. Despite its seemingly frivolous nature, IRC has proven to be a useful tool for business, education, and news discussion. For example, IRC has been used extensively for live coverage of world events, natural disasters, and sports commentary. It also serves as an inexpensive substitute for long distance phone calls. People from all over the world use IRC.

Discussion groups on IRC are called *channels* and they exist only as long as people are participating in them. Anyone can create a new channel and thus become the *operator* of that channel. Operators have special privileges, such as being able to deny access to certain people and moderate all communication. Some channels are private, while others are public and open to anyone; the operator decides.

IRC channels have names that begin with a #. For example, here are a few IRC channels: #atlanta, #comics, #disney, #guitar, #India, #nicecafe, and #xf (for *The X-Files* TV show fans). To use IRC, you need an IRC program (called a *client*) on your computer and (of course) a connection to the Internet. You also need to know which IRC network you want to use (there are several, with EFnet and Undernet being the most popular) and which channel you want to use. When you join a channel, you choose a nickname for yourself. Then, everything you type, prefaced with your nickname, will be seen by everyone on the channel. And you will get to see everything typed by everyone else on the channel. It all happens in real-time, with participants identified only by nickname, who may be anywhere in the world.

If you are interested in trying IRC, you can obtain information and free software that runs under Microsoft Windows at this WWW site: *http://mirc.stealth.net/*

Information Retrieval

Prior to around 1991, the Internet was a vast repository of information that was difficult to navigate. Then the University of Minnesota developed a software package dubbed *Gopher* that helped to organize information on the Internet and make it much easier to access. (It was named Gopher after the University's sports teams). Technically, Gopher is a hierarchical, menu system that lets you find and retrieve information on the Internet. The information is usually in text form, but you can use Gopher to access pictures, sounds, and video clips. Gopher is powerful because it is both a protocol (there's that word again) for sending and retrieving information over the Internet, and it's also a method of organizing information in a structured manner.

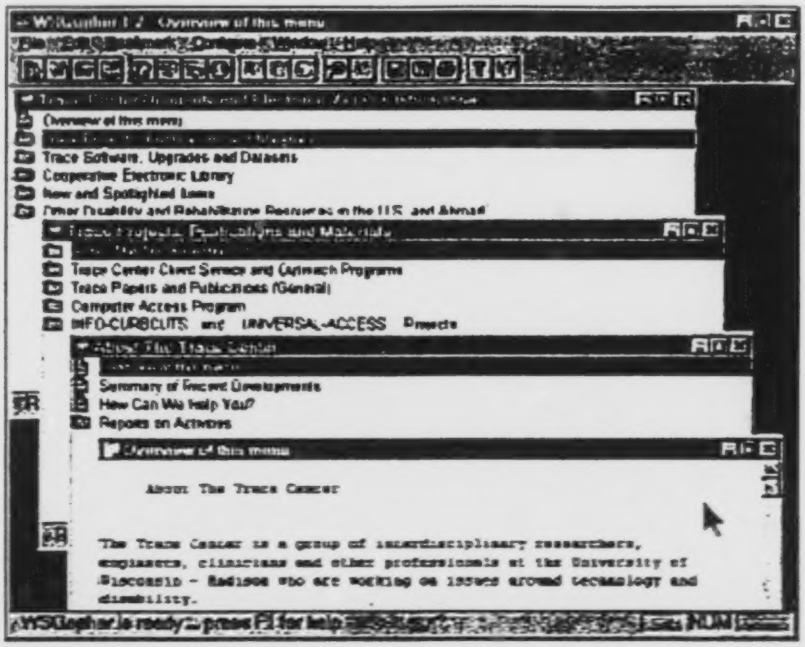
Gopher is an excellent tool for browsing through information. Unlike FTP, Gopher handles all the details of where files are located or how to transfer them to your computer. All you do is pick items from menus. Most menus lead to other menus, and so Gopher lets you "burrow" through vast quantities of structured information.

A major advantage of Gopher is that it works on most computers connected to the Internet. In other words, it doesn't require a sophisticated computer or high-speed network connection to work reasonably well. For example, you can use Gopher on a computer terminal that cannot display graphics. Gopher is, however, still quite easy to use, thanks to its hierarchical menus.

To use Gopher, you need a connection to the Internet and a Gopher program (also called a Gopher *client*). The best arrangement is to have a Gopher program on your own computer, but it is possible to use Telenet to connect to some other computer and run a Gopher client from there. Either way, to use Gopher you run the client and "point" it at some initial Gopher address. For example, the Trace Research and Development Center at the University of Wisconsin-Madison, affiliated with both the Waisman Center and the Department of Industrial Engineering, has set up a Gopher system to present information about their activities and products. Their Gopher address is:

`gopher.trace.wisc.edu`

The following screen shows a Gopher client called WSGopher, which runs under Microsoft Windows, accessing the Trace Center's Gopher system; you can see how a hierarchy of menus was traversed to ultimately retrieve a text document of information about the Trace Center.


WSGopher 1.2 - Overview of this menu
Overview of this menu
Trace Software, Upgrades and Datasets
Cooperative Electronic Library
New and Spotlighted Items
Other Disability and Rehabilitation Resources in the U.S. and Abroad
Trace Projects, Publications and Materials
Trace Center Client Service and Outreach Programs
Trace Papers and Publications (General)
Computer Access Program
INFO-CURBCUTS and UNIVERSAL-ACCESS Projects
About The Trace Center
Summary of Recent Developments
How Can We help You?
Reports on Activities
Overview of this menu
WSGopher is ready -- press F1 for help
NUM

About The Trace Center

The Trace Center is a group of interdisciplinary researchers, engineers, clinicians and other professionals at the University of Wisconsin - Madison who are working on issues around technology and disability.

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World-Wide Web

The *World-Wide Web* is the newest and most exciting chapter in the story of the Internet. It is an extremely easy-to-use system for organizing, presenting, and retrieving information of all types. Originally conceived in 1989 and developed at CERN, the European Laboratory for Particle Physics in Switzerland, the World-Wide Web was designed as a means of distributing scientific research information. Like the rest of the Internet, the World-Wide Web has exploded beyond its originally intended uses. Today, most of the World-Wide Web has little to do with scientific research.

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Central to the World-Wide Web is the concept of hypertext, or more generally, hypermedia. *Hypertext* is text that contains words or phrases (called *links*) that can be chosen by the reader to immediately retrieve and view other text. So, if you were viewing a hypertext document, you could select a highlighted term, and immediately jump to a different document related to that term. *Hypermedia* extends the scope of hypertext to include pictures, sounds, and even video clips.

The innovation introduced by the World-Wide Web is that hypertext documents may be located anywhere on the Internet. For example, you can be reading a document, select a highlighted term, and immediately jump to another document stored in a computer on the other side of the world.

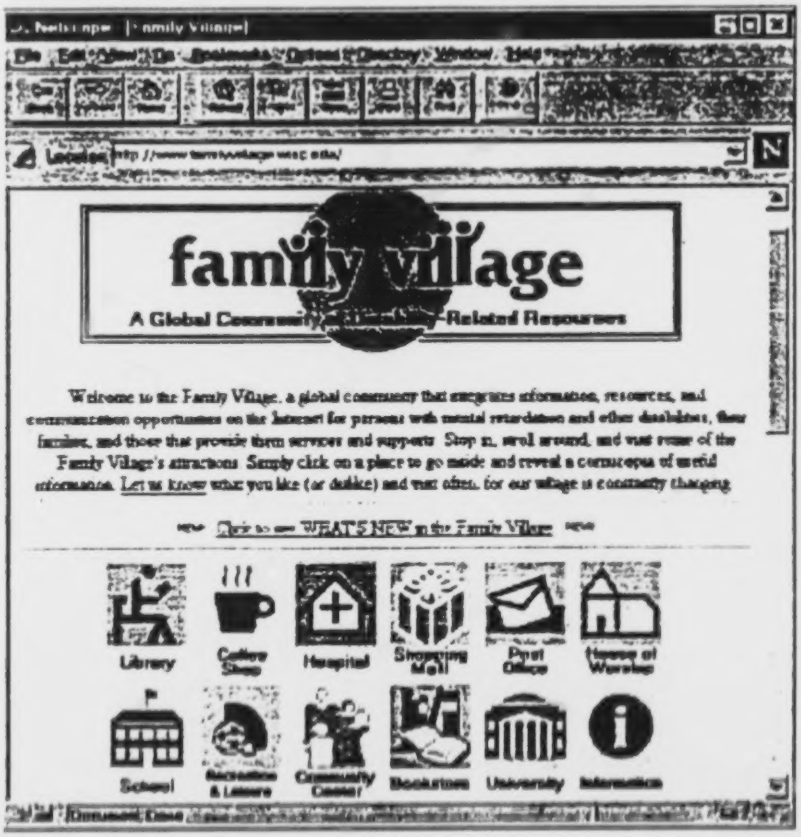
The popularity of the World-Wide Web really skyrocketed with the introduction in 1993 of a program called *Mosaic*. This software was developed at the National Center for Supercomputing Applications (NCSA) at the University of Illinois, Urbana-Champaign. Mosaic, unlike the earlier text-only programs, allowed the integration of graphics and let users see different documents by simply pointing and clicking with a mouse. This program was the first of many so-called Web browsers that allow users to access information of all kinds on the World-Wide Web. Today, the most popular Web browser is Netscape Navigator, created by the original developers of Mosaic, after they left the University of Illinois and started their own company.

In simplified terms, here's how the World-Wide Web works. A company or organization that wants to present information on the World-Wide Web must have a fairly fast, powerful computer connected to the Internet. This computer must be equipped with software called a *Web server*. The documents to be presented must contain instructions in *HyperText Markup Language* (*HTML*), that specify the document's appearance and identify links to other documents. Users who want to access the World-Wide Web must of course be connected to the Internet and have a Web browser on their computer. A *Web browser* is a program that lets the user view World-Wide Web documents; it is another example of *client software*; a program that calls upon the services of server software, usually running on a computer somewhere else on a network. As mentioned earlier, Netscape Navigator is the most popular Web browser today, but several others are also available, including Mosaic from NCSA and Internet Explorer for Windows 95 from Microsoft.

Web servers and Web browsers know how to communicate because they all conform to the *HyperText Transfer Protocol* (*HTTP*), a set of rules for moving hypertext (really, hypermedia) documents over the Internet. (Web servers are sometimes called *HTTP servers*.) Hypermedia documents on the World-Wide Web can be found no matter where they are in the world on the Internet because their location is specified by a *Uniform Resource Locator* (*URL*). A URL is like the address of a document on the World-Wide Web. For example, the Family Village has a document on the World-Wide Web with this URL:

```
http://www.familyvillage.wisc.edu/
```

The document at this location is the Family Village home page. Documents on the Web are often called *pages*; the first page you see when you go to a particular place on the Web (or *Web site*) is often called the *home page*. Today, hundreds of thousands of organizations, companies, and individuals have World-Wide Web home pages on the Internet. For example, here is the Family Village home page, as viewed with the Netscape Navigator Web browser:



Welcome to the Family Village, a global community that integrates information, resources, and communication opportunities on the Internet for persons with mental retardation and other disabilities, their families, and those that provide them services and supports. Stop in, stroll around, and visit some of the Family Village's attractions. Simply click on a place to go inside and reveal a cornucopia of useful information. Let us know what you like (or dislike) and visit often, for our village is constantly changing.

Click to see WHAT'S NEW in the Family Village

Underlined items are links to other documents (they also appear in a different color on the screen). To go to another document, you simply move the mouse pointer on top of the highlighted item and click the mouse button. The buttons at the top of the screen also make it easy to jump from document to document. You can go back to the previous document or go directly to your home page. You can type a different URL directly into the box entitled *Location* at the top of the screen. Like most Web browsers, Netscape Navigator lets you save the locations of interesting Web sites as bookmarks to which you can easily return in future sessions.

Conclusion

Hopefully, you now have a better idea of what the Internet is all about and what you can do with it. Of course, the Internet and World-Wide Web are extremely interactive by nature. Simply reading about them is not the same as actually using them. So, what are you waiting for? The only way you will really begin to understand the possibilities is to get on-line and start exploring for yourself.

From: Colantonio, E. (1996). A guide to the internet. Madison, WI: Waisman Center. Reprinted with permission.

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Useful Web Sites for Parents of Children with Special Health Care Needs

By Linda Rowley - Coordinator of the Family Village Project
http://www.familyvillage.wisc.edu/
Updated July 1998

This list is designed to give parents an starting point for their exploration of the World Wide Web. It is not intended to be a comprehensive list. If you know of other sites that should be included in future updates of this list please contact Linda Rowley at rowley@waisman.wisc.edu.

Contents:

Comprehensive Disability Information Sites
Parent to Parent ~ Support Group Directories
~ Sibling Issues ~

Advocacy & Public Policy ~ Assistive Technology
Early Intervention ~ Special Education ~ Respite Care
~ Recreation & Leisure ~

Clinical Trials ~ Disability/Diagnosis Specific Information
Medline ~ Pharmacology Data Bases
~ Specialized Search Engines ~

~ General and All-in-One Search Engines ~
Internet Mailing Lists ~ News Groups ~ Free E-Mail Accounts
~ Free Home Pages ~ E-Mail Address Directories ~

~ Maps ~ White & Yellow Pages ~ Zip Codes ~

The most recent version of this document can be found at:
http://www.familyvillage.wisc.edu/websites.html

Comprehensive Information Sites

The Family Village
http://www.familyvillage.wisc.edu/

CODI - Cornucopia of Disability Information
http://codi.buffalo.edu/

disABILITY Information and Resources - Jim Lubin's Site
http://www.eskimo.com/~jlubin/disabled.html

Internet Resources for Special Children (IRSC)
http://www.irsc.org/

EKA Disability Resources on the Internet
http://disability.com/links.shtml

Yahoo:Health:Diseases and Conditions
http://www.yahoo.com/Health/Diseases_and_Conditions/

Yahoo.Society and Culture:Disabilities
http://www.yahoo.com/Society_and_Culture/Disabilities/

Rare Genetic Diseases In Children
http://mcrcr2.med.nyu.edu/murphp01/homenew.htm

Parent Support & Parent-to-Parent

Our Kids
http://rdz.stjohns.edu/library/support/our-kids

MUMS National Parent to Parent - Matches all disorders
http://WWW.Waisman.Wisc.Edu/~rowley/mums/home.htmlx

Association for Birth Defect Children (ABDC) - Matches for parents of children with any disorder, especially birth defects
http://www.birthdefects.org/

CHASER: Congenital Heart Anomalies Support, Education and Resources
Matching for parents of children with any type of heart defect
http://www.csun.edu/~hcmth011/heart/

Chromosome Deletion Outreach - Matches for families of children with chromosome deletions, additions, inversions, translocations and rings
http://members.aol.com:80/cdousa/cdo.htm

Children's Liver Alliance
Matching for families of children with any type of liver disease.
http://www.livertx.org/

National Parent to Parent Support and Information System (NPPSIS)
All disabilities
http://nppsis.org/

Support Group / Information Networks Directories

The Family Village Library
http://www.familyvillage.wisc.edu/library.htm

National Information Sources on Disabilities
http://www.naric.com/naric/search/kb/index.html

Self-Help Source Book
http://www.cmhc.com/selfhelp/

NORD - The National Organization for Rare Disorders
http://www.pcnet.com/~orphan/

The Alliance of Genetic Support Groups
http://www.geneticalliance.org

Canadian Directory of Genetic Support Groups
http://www.lhsc.on.ca/programs/medgenet/support.htm

Action Without Borders - Nonprofit Organization Database
http://www.idealist.org/IS/org_search.html

Neurological Disorders: Voluntary Health Agencies
http://www.ninds.nih.gov/healinfo/volguide/maingide.htm

Dermatology Patient Support Groups
http://tray.dermatology.uiowa.edu/SuprtGrps.html

Directory of Kidney and Urologic Diseases Organizations
http://www.niddk.nih.gov/health/kidney/pubs/kuorg/kuorg.htm

Directory of Digestive Diseases Organizations for Patients
http://www.niddk.nih.gov/health/digest/pubs/ddorgpat/ddorgpat.htm

Organizations for Endocrine and Metabolic Diseases
http://www.niddk.nih.gov/health/endo/pubs/endorg/endorg.htm

Organizations Serving Specific Disabilities & Conditions
http://www.inet.net/adopt/me8.html

Sibling Issues

The Sibling Support Project
http://www.chmc.org/departmt/sibsupp/

Family Village Sibling Resources
http://www.familyvillage.wisc.edu/frc_sibl.htm

Advocacy & Public Policy

The Family Village - Advocacy & Public Policy Information for Children with Special Health Care Needs
http://www.familyvillage.wisc.edu/advocacy.html

The Institute for Child Health Policy
http://www.ichp.edu/

Family Voices
http://www.familyvoices.org/

National Parent Network on Disabilities
http://www.npnd.org/

FedWorld Information Network - Starting point for federal government information.
http://www.fedworld.gov/

Thomas - Legislative Information on the Web
http://thomas.loc.gov/

Bill Text - Part of Thomas, this site allows the user to search text of bills and resolutions before Congress
http://thomas.loc.gov/home/c104query.html

Project Vote Smart - Allows users to view voting records of members of Congress.
http://www.vote-smart.org/ce/#votes

Contacting Congress - Provides contact information for members of congress based on state or zip code.
http://www.vote-smart.org/ce/c-index.html

ADA Home Page - U.S. Department of Justice
http://www.usdoj.gov/crt/ada/adahom1.htm

Assistive Technology

HyperAbleData - A data base of over 20,000 assistive technology devices.
http://www.trace.wisc.edu/tcel/abledata/index.html

The Family Village - Assistive Technology and Adaptive Products
http://www.familyvillage.wisc.edu/mall.htm

Early Intervention

The Family Village - Early Intervention Resources
http://www.familyvillage.wisc.edu/education/ei.html

National Early Childhood Technical Assistance System (NEC*TAS)
http://www.nectas.unc.edu/

The Division for Early Childhood - DEC
http://www.dec-sped.org/

Zero to Three
http://www.zerotothree.org/

Special Education

The Family Village School Links
http://www.familyvillage.wisc.edu/school.htm

SERI (Special Education Resources on the Internet) Project
http://www.hood.edu/seri/serihome.htm

Yahoo: Education: Special Education
http://www.yahoo.com/text/Education/Special_Education/

ERIC - Educational Resources Information Center
http://www.ed.gov/prog_info/ERIC/index.html

Respite

The National Respite Locator Service
http://chtop.com/locator.htm

Recreation & Leisure

The Family Village - Recreation & Leisure for People with Disabilities
http://www.familyvillage.wisc.edu/recreat.htm

Clinical Trials

CenterWatch Clinical Trials Listing Service
http://www.CenterWatch.com/

Diagnosis/Disability Specific Information

Online Mendelian Inheritance in Man - From the National Center for Biotechnology Information, this database is a catalog of human genes and genetic disorders.
http://www3.ncbi.nlm.nih.gov:80/Omim/searchomim.html

PEDBASE - The Pediatric Database contains descriptions of over 500 childhood illnesses.
http://www.icondata.com/health/pedbase/pedlynx.htm

NORD - The National Organization for Rare Disorders
http://www.stepstn.com/nord/db/dbsearch/search.htm

Health Touch - This site has hundreds of information pamphlets on a variety of health related topics.
http://www.healthtouch.com/level1/hi_toc.htm

NICHCY
http://www.nichcy.org/

MedLine Searching

PubMed - From the National Library of Medicine
http://www.ncbi.nlm.nih.gov/PubMed/

Health Gate Medline Access
http://www.healthgate.com/HealthGate/MEDLINE/search.shtml

Health World Medline Access
http://www.healthy.net/library/search/medline.htm

Pharmacology Data Bases

Clinical Pharmacology Online
http://www.cponline.gsm.com/

Pharmacology/Drug Information:
RxList - The Internet Drug Index
http://www.rxlist.com/

Specialized Search Engines

Neuroscience Web Search - This site indexes of over 55,000 Web pages related to neuroscience.
http://www.acsiom.org/nsr/neuro.html

Mental Health Net - A guide to mental health online, featuring over 4,000 individual resources.
http://www.cmhc.com/

Health Hotlines - Toll-Free Numbers from the National Library of Medicine
http://sis.nlm.nih.gov/hotlines/

Consumer Information Center - Full text of hundreds of the best federal consumer publications.
http://www.pueblo.gsa.gov/

Internet Mailing Lists

The Family Village Health & Disability Related Mailing Lists - Provides information on over 300 mailing lists.
http://www.familyvillage.wisc.edu/master.html

Liszt - Searchable data base of Internet Mailing Lists
http://www.liszt.com/

Tile-Net - Searchable data base of Internet Mailing Lists
http://www.tile.net/tile/listserv/index.html

General Search Engines

Alta Vista
http://altavista.digital.com/cgi-bin/query

Yahoo
http://www.yahoo.com/

Hot Bot
http://hotbot.com/

Lycos
http://www.lycos.com/

Web Crawler
http://webcrawler.com/

Excite
http://www.excite.com/

Info Seek
http://guide.infoseek.com/

All in One Search Engines

MetaCrawler - All-in-One Search
http://www.metacrawler.com/

Savvy Search - All-in-One Search
http://guaraldi.cs.colostate.edu:2000/form

Newsgroups

Deja News - Allows you to find where a particular topic is discussed on Usenet.
http://www.dejanews.com/

Free E-mail Accounts

The Free Email Address Directory - Over 100 organizations that offer free email addresses.
http://www.emailaddresses.com/

Juno - Free E-Mail Account
http://www.juno.com/

Rocket Mail
http://www.rocketmail.com/

Hot Mail - Web based free e-mail account
http://www.hotmail.com/

Free Home Pages

Create your own home page - Put your support group or parent network on the Web.

Yahoo: Free Web Pages
http://www.yahoo.com/Business_and_Economy/Companies/Internet_Services/Web_Services/Free_Web_Pages/

Find E-mail Addresses

411 Directory
http://www.four11.com/

Big Foot
http://www.bigfoot.com/

Maps

Allows you to type in an address and generate a map and/or driving directions.

Yahoo Maps
http://maps.yahoo.com/yahoo/

Map Quest
http://www.mapquest.com/

White & Yellow Pages

Allows you to find addresses for people and businesses.

Switch Board
http://www.switchboard.com/

Yahoo People Search
http://www.yahoo.com/search/people/

Big Book Yellow Pages
http://www.bigbook.com/

Zip Codes

ZIP Code Lookup and Address Information
http://www.usps.gov/ncsc/

The most recent copy of this document can be found at:
http://www.familyvillage.wisc.edu/websites.html

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From: Rowley, L. (1997). An internet guide: Useful websites for parents of children with special health care needs. Madison, WI: Family Village Project, Waisman Center. Reprinted with permission.

Scavenger Hunt

Using the sites listed after each question, see how many of the following items you can find.

1. Your mentor family is looking for a support group for themselves related to their child who has Down syndrome. Help find them a support group: (http://www.familyvillage.wisc.edu/)

2. Find websites that pertain to the area of Blindness, Deafness & Hearing Loss using this site's disability resource directory: (http://mcrcr4.med.nyu.edu/~murphp01/homenew.htm)

3. You want to attend a conference to fulfill your IDTrain EI Knowledge requirement. Where can you find conferences listed which pertain to early intervention and early childhood? Which conference looks the most interesting? (http://www.waisman.wisc.edu/earlyint/)

4. Find a listing of multimedia textbooks. What is a multimedia textbook? What are some benefits of multimedia textbooks? (http://vh.radiology.uiowa.edu/)

5. As a possible future healthcare provider, find information on croup syndromes (a pediatric airway disease). Find the method of treatment for Acute laryngotracheobronchitis, i.e., viral croup: (http://vh.radiology.uiowa.edu/)

6. Find information on Public Law 105-17. What is it? When did it become a law? (http://thomas.loc.gov/)

7. Find a listing of the Wisconsin state senators. Find out how to get in contact with them: (http://thomas.loc.gov/)

8. The doctor has just ordered an upper gastrointestinal endoscopy for a child in your program. Help the parent find more information on this test: (http://www.ncbi.nlm.nih.gov/PubMed/)

9. A child in your program has survived a near-drowning accident and has been diagnosed with traumatic/acquired brain injury. Find an organization that specializes in this disability: (http://www.pcnet.com/~orphan/)

10. You are interested in the 1999 DEC Conference. Who are the featured speakers for this conference? (http://www.soe.uwm.edu/dec/dec.html)

11. Your mentor family has just given you their address. You are unsure how to get there. Create a map to guide you (pretend they live at 1 W. Dayton St., Madison, WI 53703). (http://maps.yahoo.com/yahoo/)

12. Find the address and phone number for a friend or relative. (http://www.switchboard.com/)

Learning Tool #11:
Basic Early Intervention Knowledge:
Service Coordination

What Will Be Learned

Students will learn what the law requires of service coordination and service coordinators in Part C of IDEA. Students will also have an opportunity to practice service coordination skills.

How Long Will It Take

2 Hours

What You Will Need

- Wall chart paper & markers
- Video & VCR/monitor
- Handout: Suggested Questions and Activities for Discussion
- Chapters 8 and 9: Rosin, et al. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing, Inc.

Instructions

Before you begin:
Before the session, have students complete the Rosin reading.

During the training:
Begin this session by reviewing the readings and ensuring that all students have a clear understanding of the content. Show the video on co-service coordination to introduce the idea of parent involvement in the service system. Using the discussion questions attached, facilitate the group. To further group problem-solving around the issues of service coordination, use the Pathways in Early Intervention Service Coordination video. In small groups have students reenact video vignettes to practice service coordination skills.

Follow-up to Training:
Students have benefitted from working in small groups to develop resource packets which pull together information on local services which would be helpful to families (e.g., respite care, therapeutic horseback riding, medicaid). The information can be gathered from the World Wide Web, phone calls to local agencies and gathering information directly from families as to what services they find helpful. These packets could be later shared in another seminar or through a "resource fair" where all of the students share their findings.

Trainer's Notes

The topic of service coordination is so large, that this session can go in any number of directions. The use of videos is emphasized in this learning tool, however activities around building communication skills would also be applicable.

References

Pathways Service Coordination Project (1996). Pathways in early intervention service coordination [Video]. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

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Suggested Questions and Activities for Discussion

These questions are intended to help initiate discussion on issues of service coordination and co-service coordination and are in no way intended to limit or refocus any spontaneous discussions which may occur. Pick and choose those that are of interest.

1. Consider the definition of family-centered care and think about whether your early intervention program adheres to a family-centered philosophy. If it is not as family-centered as it could be, can you think of ways to influence your program, institution, or those you work with to become more family-centered?

2. Is co-service coordination for everybody? Discuss why or why not.

3. Take a minute to think of the model(s) of service coordination your program uses. Discuss whether co-service coordination is a part of your model(s) or what it would look like if you included it as an option for parents in your program.

4. What would you like your co-service coordinator to know about your child's strengths and your concerns, and priorities for him or her? What would you like your co-service coordinator to know about your family's concerns, priorities, and resources?

5. Consider the seven functions of service coordination (listed in 'Service Coordination' section), what aspects of service coordination are most challenging? What aspects are the most easily accomplished or addressed?

6. In your parent-professional team, work independently to generate a list of all your responsibilities in coordinating services. Compare your lists; what activities are overlapping?

7. What is the impact of limited resources (e.g. staff, time, money) on service coordination, as defined in Part H? What strategies can be used when resources are limited?

8. How does the environment in which a parent and provider interact, influence their relationship? Use the three environments presented in the video, (home, clinic, and center-based) and discuss how the environment influences family-centered care, communication, service plan development, and partnership-building.

9. In the videotape, during the first story, "Kathy and Ryan," we see a scene in which Kathy works with her co-service coordinator to meet childcare needs. Think about a recent issue in your experiences; how did you work with your co-service coordinator to make a decision?

10. In the second story, "Ana, David, and Whitney," Whitney's physical therapist talks about some institutional barriers he faces in providing service coordination. How can you recognize institutional barriers? What are some of the institutional barriers you face, if any?

11. In the third story, "Shandowlyon, Affice, Brandon and Barbara," Shandowlyon begins by stating that after their initial concerns of meeting Brandon's physical and developmental needs, they are now most concerned about the "quality of the services." How can you or how do you assess and monitor the quality of services?

12. In the third story, "Shandowlyon, Affice, Brandon, and Barbara," we see a family that has learned to access the system over time and has arrived at a point of knowing how to work effectively within the system. Shandowlyon says that parents enter the system not knowing everything, yet through an ongoing process of learning they finally realize that "you're the professional when it comes to (your) child." Discuss this process of change for the parent, professional, and the partnership.

13. Do you see the need for additional training to effectively perform the role of service coordinator? The role of co-service coordinator? What kinds of training? What are the advantages or disadvantages of training parents and professionals together?

14. When the Congressional committee amended P.L. 99-457 in 1991, they wrote in their report: "...a State may, at its discretion, decide as a matter of State policy or practice, to pay a parent to be his or her own service coordinator or reimburse a parent for carrying out certain tasks." (p.v LRP Publications 1991). Discuss the committee's comment. What are the advantages and disadvantages to paying a parent to do service coordination for their own family? For other families?

From: Rosin, P., Whitehead, A., & Brown, L. (1993). Parents and professionals in co-service coordination [Video guide]. Waisman Center Early Intervention Program, University of Wisconsin-Madison, Madison, Wisconsin. Reprinted with permission.

Learning Tool #12: Basic Early Intervention Knowledge: IFSP/IEP

What Will Be Learned

Trainees will understand the process and content for developing Individualized Family Service Plans (IFSPs) and Individualized Education Plans (IEPs) and the differences between the two.

Trainees will also become familiar with issues in building relationships with families to identify concerns, priorities and resources and gain experience in asking and answering personal questions.

How Long Will It Take

2 hours

What You Will Need

- Overhead projector & flip chart
- Jeopardy game (See Handout: Birth to Three Jeopardy - Sample Answers and Questions)
- The components of an IFSP and IEP according federal or state regulations
- Sample copies of IFSPs and IEPs
- Chapter 4: Rosin, et al. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing, Inc.

Instructions

Before you begin:

Ask the students to complete the Rosin reading. Prepare a "Jeopardy" game which will pick up key points in the readings. The trainer will want to obtain sample copies of at least one IFSP and one IEP (be sure to obtain the parent's consent and/or eliminate names to protect confidentiality).

During the training:

This seminar is divided into three separate, yet connecting parts, which are outlined below:

1.Overview of basic IFSP and IEP information

Begin the class with a discussion of "burning questions" about the IFSP and IEP process and content, taking time to give thorough responses and invite group discussion. This is helpful when students are at different levels of understanding about the IFSP or IEP. This discussion is followed by playing a "Jeopardy" game to review key concepts/ideas about the process and content for developing IFSPs and IEPs.

2.Identifying Concerns, Priorities and Resources

To provide the students with an opportunity to practice their own interviewing skills, the following short activity is helpful. Remind the students that interviewing practices are crucial to build relationships with families and identify concerns, priorities and resources. Ask students to pair in dyads to ask each other this question: *Tell me something personal that occurred in your family during the past two weeks.* Discuss: How much information were you willing to give? How personal? Did you screen your responses? Did it make a difference if you knew the person or not?

3. Comparing IFSP and IEP

Provide students with a handout which lists the components of an IFSP and IEP according to federal or state regulations, and copies of an IFSP and an IEP. Ask them to address the following:

1. Compare how present levels of development/performance were stated.
2. Compare goals and objectives with outcomes.
3. Compare how services are determined and described (e.g., services and resources flow from outcome for IFSPs; placement offers and related services follow from level of performance for IEPs).
4. Compare transition planning components.
5. From a parent perspective, describe your feelings/impressions about the content and format of the two different documents, including how the process unfolds.

At this point, students work in small groups, and then report ideas from their group during a facilitated sharing session.

Follow-up:

So many aspects of the IFSP and IEP cut across other training areas. For follow-up, references to various aspects of the IFSP and IEP could be integrated in topics such as building relationships with families, service coordination, or transitions.

Students could be assigned to view the video tapes listed in the reference section or others as a follow-up activity. Students are encouraged to attend an IFSP or IEP meeting. These experiences can be processed with his or her supervisor.

Trainer's Notes

Discussion of *burning questions:* Typically, many important topics come up in discussion so that lecture information about content and process is not necessary. This strategy is particulary effective if students have various levels of background information and when readings about the IFSP and IEP process and content have been previously assigned. It is effective to use family stories, and to have a parent and provider co-facilitate the discussion to provide responses from both perspectives.

Interviewing: This asks the student to divulge personal information without much time to prepare their thoughts or screen their responses. This activity gives students a feel for what professionals so often ask families to do during early and/or brief encounters. It is important to create a safe environment that is conducive to sharing personal information (e.g., listen with mutual respect, non-judgmental discussions). See the Family-Centered Care Module for elements to consider in creating a safe environment for the sharing of information.

Variations:
If you have additional time...

1. Write collaborative outcomes that reflect family preferences and assessment information, role play with team members, including the family, present.

2. Discuss strategies for including families as full/active team members. Students should consider what types of supports and information families may need to feel comfortable for meaningful participation. Students may discuss issues of perceived status and power differences between early intervention and early childhood. Students are also encouraged to discuss that professional team members may have links with one another, but that the family may not and how to pursue ways to create that link with the family.

The materials and terminology will need to be updated with the IEP changes included in the reauthorization of IDEA (1997).

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Birth to Three Jeopardy
Sample Answers and Questions

1. A: Medical Assistance, Private insurance, state, local and federal dollars
   Q: What are funding sources for Birth to 3?

2. A: *Families are the Foundation*
   Q: What is a family friendly publication of Wisconsin's Birth to 3 parent rights information? What is the booklet that is to be given to all families when they enter a Birth to 3 program?

3. A: A written plan and a process
   Q: What is the IFSP?

4. A: Toddler swim time
   Q: What is a community-based, natural environment?

5. A: Home or other environment with typical peers.
   Q: What are natural environments for early intervention services?

6. A: Six months and annually
   Q: What is the timeline for the review of the IFSP? (Of course it can be reviewed more often if needed.)

7. A: Guides the content of outcomes
   Q: What are family concerns, priorities and resources and information gathered from early intervention team evaluations and assessments

8. A: 45 Days
   Q: What is the time frame allowed from day of referral to IFSP meeting?

9. A: Coordinates and facilitates the development of IFSPs
   Q: What is one of the seven responsibilities of a service coordinator?

10. A: Concerns, priorities and resources
    Q: What information is gathered from a family-directed assessment?

11. A: A promise to families
    Q: What is the IFSP?

12. A: Landmarks of the IFSP Process
    Q: What are any of these: identification; referral; first contacts; evaluation and assessment planning; child evaluations and assessments; identifying family concerns, priorities and resources; development of outcomes; initial IFSP meeting; implementation of the IFSP; review and evaluation of the IFSP; and development of a transition plan.

13. A: Identifies strengths and needs
Q: What is the purpose of the assessment process?

14. A: Includes outcomes, strategies and more
Q: What is an IFSP?

15. A: The process to determine a child eligible
Q: What is evaluation?

16. A: Child and family outcomes
Q: What types of outcomes should be considered and can be included on an IFSP?

17. A: Informed consent
Q: What is required from families in order to conduct evaluations, implement services, and share information with other agencies whose members are not on the IFSP team?

18. A: Determined by a team.
Q: What is eligibility? What are outcomes?

19. A: Are decision making members of the early intervention team.
Q: Who are parents?

20. A: Procedural Safeguards
Q: What are the protections for parents under Part H of IDEA and the Wisconsin Birth to 3 Administrative Code HSS90?

21. A: I.D.E.A.
Q: What is the Individuals with Disabilities Education Act?

22. A: The payor of last resort
Q: What is the Birth to 3 program?

23. A: Is advisory to the Birth to 3 Program
Q: What is the Birth to 3 Coordinating Council? (Interagency Coordination Council)

24. A: Has been in Wisconsin since 1970's
Q: What is early intervention?

25. A: Includes families in all aspects of Birth to Three
Q: What is best practice for family centered care? What is family-centered care? What is written about family involvement in the Birth to 3 rules?

From: Tuchman, L. (1997). Birth to three jeopardy. Madison, WI: Wisconsin Birth to Three Personnel Development Project. Reprinted with permission

Learning Tool #13:
Semester Check-In: Round Robin

What Will Be Learned

Participants will share their experiences to date, across all learning environments (family mentor, community placements, seminar, teams, conferences).

How Long Will It Take

2 hours

What You Will Need

- Paper and pencil for individual notes
- Handout/Worksheet: Seminar Mid-Semester Check-In
- Reading (reference below)

Instructions

Introduce activity by telling trainees that they will have the opportunity to reflect and share the variety of experiences they have had so far over the semester. Take five to eight minutes for trainees to individually jot down responses to the following questions:

- What experiences have you had in the project to date?
- In thinking about those experiences, what has particularly struck you or made you think twice? What has been the highlight so far? Why?
- In thinking further about these experiences, what have been the challenges? Why?
- Other thoughts?

Trainees will take turns, round robin fashion, sharing their experiences. It is helpful to ask them to reflect on their responses to the experiences, rather than simply listing activities. If time allows, participants may ask each other questions. The facilitator should point out common or shared activities and help the group reflect on how much they have done and learned.

Trainer's Notes

Some students share semester updates easily, while other struggle with this activity. For the more reticent students, asking probing questions will help to support their efforts to share. This seminar seems to work best with a request for volunteers, as opposed to going around the room in a predictable order. This format also encourages students to take ownership of their participation. The facilitator for this activity should try to make connections between student comments and experiences when appropriate. The facilitator may also make comments during the activity which affirm or validate the students' comments or expressed feelings.

References

Zimmerman, J., & Coyle, V. (1991). Council: Reviving the art of listening. Utne Reader, March/April, 79-85.

Seminar
Mid-Semester Check-In

Tonight we will be spending our seminar time hearing from all of you about your IDTrain experiences (e.g., family mentor, community, team, seminar, workshop/conference) to date. Please take a few minutes to reflect on the following five questions, using the space below to jot notes to yourself if that is helpful. As we go around and share experiences, please make every effort to offer reflective comments, rather than simply listing your activities.

1. Think about what experiences have you had in IDTrain to date?

2. In thinking about those experiences, what has been meaningful to you? Has there been a highlight so far? Why?

3. Based on your experience to date, do you have any interests or activities that you would want to pursue in the next phase of IDTrain?

4. In thinking about your IDTrain experiences, what have been the challenges? Why?

5. Have there been any events or experiences which have changed you?

Other thoughts?

Learning Tool #14: Basic Early Intervention Knowledge: Play-Based Assessment

What Will Be Learned

Students will be able to compare the use of formal standardized assessment tools with play-based methods for assessment, and understand when and why each type of assessment format might be chosen or preferred. Students will learn why play is a natural context for assessment (and intervention) with children in the birth to five age range. They will explore what play is, typical development of play behavior, and why it's important for children.

How Long Will It Take

1 1/2 - 2 hours

What You Will Need

- Overhead projector
- Videotape of a play session with a typically developing child
- Toys for activity (include toys that were used in the videotape of the play session with a typically developing child)

Instructions

Before you begin:

Locate or make a videotape that shows a facilitator or provider involved in a play session with a typically developing child under the age of six. Choose segments (marking the times, counter numbers) for the presentation during the seminar. The videotape should illustrate effective play facilitation techniques (see #4 below).

During a previous seminar or by some other arrangement, recruit one or two students to lead a discussion of the reading that was assigned for this seminar (choose any of the references or current articles available).

During the training:

1. Begin the seminar with a student leading a discussion of the readings.

2. Present a comparison of traditional standardized assessment and play-based assessment methods and purposes. Identify the assumptions underlying each type of assessment activity and what questions each would help to answer. Discuss when and why each format might be useful/used.

3. Present a more in-depth overview of play-based assessment using information from Chapter 4 of Toni Linder's book, Transdisciplinary Play-Based Assessment, which delineates the six phases of a transdisciplinary play-based assessment.

4. Break the large group into three smaller groups. Each group is given three or four toys (choose toys that were used in the videotaped play-session) and is asked to think of how individual disciplines would elicit information from a particular toy. For example, a speech and language pathologist might point out that a noisy toy could be used to see if a child tracks a toy by sound.

5. View segments of the videotape of a typically developing child at play with an adult facilitator. Choose segments from the session that will illustrate typical play behavior, (e.g., the adult facilitator follows the child's lead and interacts with toys in a parallel, associative or cooperative way how the adult incorporates some structured facilitation to elicit behaviors not previously seen or to introduce new tasks). Invite open discussion about the video segments and weave in information from the earlier portions of the seminar as a way to summarize and close. Short video segments should highlight typical development for each of the first five years of development.

Trainer's Notes

Staff found it easiest to make a videotape of a play session with two staff members and the child of a friend/neighbor. The neighbor, who was the child's mother, remained in the room during the session, which provided additional opportunities for demonstrating important family-centered principles (parent involvement throughout; open interaction between the facilitator and the parent during the play session for purposes of gathering additional information, insights into the child's play and other aspects of his development).

References

Fewell, & Glick (1993). Observing play: An appropriate process for learning and assessment. Fredrick, MD: Aspen Publishers, Inc.

Linder, T. W. (1990). Transdisciplinary play-based assessment: A functional approach to working with young children. Baltimore, MD: Paul H. Brooks Publishing Co.

Linder, T. W., & Newman, R. S. (1995). And you thought they were just playing [Video]. Baltimore: Paul Brooks Publishing Co.

Meisels, S. J., & Fenichel, E. (Eds.). (1996). New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three.

Odom, S. L., & McLean, M. E. (1996). Early intervention/Early childhood special education: recommended practices. Austin, TX: PRO-ED, Inc.

Westby, C. E., Stevens Dominquez, M., & Oetter, P. (April 1996). Speech, language and hearing in the schools. Rockville, MD: American Speech-Language-Hearing Association.

Learning Tool #15: Basic Early Intervention Knowledge: Health-Care Providers Panel

What Will Be Learned

Trainees will have the opportunity to generate questions for a panel of health care providers about the challenges they face in caring for young children with special needs and their families.

How Long Will It Take

1 1/2 - 2 hours

What You Will Need

- Handout: Questions for Physician Panel

Instructions

Before you begin:
Invite physicians and/or nurses from the community who provide primary or tertiary care for young children with special needs in their pediatric or specialty practices. Five or six weeks before the scheduled date, have trainees draft a list of four or five questions for the panel to discuss (see sample questions). Acknowledge the multiple commitments which the panelists have by sending them a letter a few weeks ahead of the seminar. The letter can confirm the purpose, time, date and location of the seminar, the number of students and their disciplines. The letter can also include the questions which will be asked during the seminar.

During the training:
Briefly introduce panel members and ask them to tell about their practice. Follow this by asking each panel member to address the first question, with follow-up questions/discussion from the students, as needed.

Follow-up:
A thank you note to each panel member has been the approach to bring closure and acknowledge again the time each panel member took to share his/her expertise with the students.

Each student is encouraged to attend at least one doctor's appointment with a family member at some point during the semester. In addition, students in this training program are required to tour the local neonatal intensive care unit (NICU) and participate in an informational seminar led by the NICU social worker. These experiences are intended to support the health care panel seminar.

Trainer's Notes

It has been found most useful to have the students generate the list of questions for the health-care providers a few weeks prior to their visit. It is also helpful to allow 30 minutes at the end, after the guests have left, for the students to discuss their reactions.

One panel stimulated so much student discussion, that another seminar was created in order to give students more opportunity to discuss their own experiences with health care providers, what has been observed in accompanying families on home visits and issues around how health care providers talk about families (e.g., use of humor, confidentiality, supportive or judgmental).

References

Hostler, S. L., & Dilks, S. A. (1994). Implementation of family-centered care. In S. L. Hostler (Ed.), Family-centered care: An approach to implementation. Charlottesville, VA: University of Virginia, Children's Medical Center, Kluge Children's Rehabilitation Center.

Leff, P. T., & Walizer, E. H. (1992). Building the healing partnership: Parents, professionals and children with chronic illnesses and disabilities. Cambridge, MA: Brookline Books.

Leff, P. T., & Walizer, E. H. (1992). The uncommon wisdom of parents at the moment of diagnosis. Family Systems Medicine, 10(2), 147-168.

Sharp, M. C. , Lohr, J. A., Steele, S., Parker, M., Gildea, A., & Boberg, B. (1994). The nature of teaching hospitals. In S. L. Hostler (Ed.), Family-centered care: An approach to implementation. Charlottesville, VA: University of Virginia, Children's Medical Center, Kluge Children's Rehabilitation Center.

Questions for Physician Panel

1. What information is most helpful for families to bring if their child is being referred to you for developmental concerns?

2. Do you always share all of your observations about a child with the parent in a visit and how do you phrase information that is difficult for families to hear?

3. How do you give medical information to families? Do you ever "sugar coat" information that may be difficult for the family, or are you always completely honest with families?

4. How do you handle/cope with your limitations as a physician when you are unable to provide care for children with developmental disabilities or serious medical concerns?

5. Please talk about the possible benefits/challenges that changes in health care financing have brought to your practice.

6. When you received your medical training, were needs of families highlighted as part of a child's well-being? How do you get your best information about families now?

Learning Tool #16:
Teaming: Transitions

What Will Be Learned

Students will learn about the transitions a family and child may experience between birth and age six. Students will understand the detailed steps of a transition process.

How Long Will It Take

2 hours

What You Will Need

- Chart paper, marker
- "A Walk Through the Transition Process" written on chart paper (text attached)
- Handout: Transition Seminar Role Plays
- Chapter 7 and 10: Rosin, et al. (1996).Rosin, et al. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing, Inc.

Instructions

Before you begin:

Prior to the training, students are assigned Chapters 7 and 10.

A few weeks prior to the training, the facilitator invites a service coordinator, from a birth to three program, to co-facilitate this seminar. The service coordinator's daily and direct experience with the transition process will make the content come alive for the students.

With the assistance of this service coordinator, the facilitator prepares "A Walk Through the Transition Process" on large pieces of chart paper that can be hung in the room and referenced during discussion. This visual aid should give a detailed outline of each step taken by a family and service coordinator to move through the transition process from early intervention program to early childhood. This outline includes desired outcomes, actions taken and the time needed for each step.

During the training:

1. Opening Exercise: Defining Transitions

To begin the training, students are asked to reflect on transition experiences and share those with the group. The facilitator lists the transitions on wall chart paper. This listing may include any sort of transition, (e.g., hospital to home, entrance into an early intervention, early childhood kindergarten, marriage, graduations, separation or divorce, moving to a new community, changing jobs, changing homes, or a death in the family). After a list is completed, the facilitator asks the students to identify the emotions that may accompany these transitions. These emotions can be positive or negative. The facilitator may draw attention to the similarities between transitions in general.

In early intervention, providers, parents and children may experience complex emotions. Family members may experience different reactions and experiences during the transition process. The provider may also have difficulty in the transition for a family if a close relationship has been formed between the family and provider. Additionally, if the provider has concerns about the quality of services at the receiving system, this can impact on the transition. If transitions have been stressful and associated with negative emotions in the past, the transition experience in early intervention may also be difficult.

2. Video and Discussion

The facilitator may show the video: Transition: A Time for Growth [video]. Which can be followed with a brief discussion and questions period.

3. Presentation: Points to Remember

This presentation illustrates four points related to transition out of early intervention:

POINTS TO REMEMBER IN TRANSITION		
Point	**Rationale**	**Strategies**
Transition is a Process	When presented over time and as a process, the family has the opportunity to become comfortable with the information, become knowledgeable, and to have a working knowledge of the information.	"Start by saying goodbye." The transition starts with the IFSP. Let families know up front when the child will be leaving the program.
Transition is Emotional	Parents view transition differently and as a result, experience different emotions (e.g., parents may have felt that by age 3 all would be resolved), there may be a feeling of an extension of what is expressed in the narrative "Welcome to Holland," and there may be a feeling of it's time to move on.	Be aware of the different emotions, listen, and acknowledge these feelings. One emotion may be "uncertainly or fear" because of the unknown. Treating transition as a process and helping families know the process may decrease some of the anxiety.
Adults Have Different Learning Styles	Every individual has preferences about how to receive information.	Ask the family how best to present the information (e.g., attend a meeting, watch a video, visit a classroom, read written materials).
Recognize Your Own Feelings	Whatever past experiences a provider may have had with transition, it is crucial that with each new child and family the slate is clear.	Work on letting go of old baggage as you move on to new situations. Examine your own reactions to transitions and consider their potential benefit or harm to families.

From: Paul, M. (1998). Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

4. Presentation: A Walk Through the Transition Process (15 minutes)

As the guest service coordinator identifies the actions taken and time needed for the steps of a transition process, students benefit from understanding the logistical details, information needed, and total time a family and service coordinator must give to this process.

A WALK THROUGH THE TRANSITION PROCESS: TRANSITION STEPS PRIOR TO THE MEETING WITH THE EARLY CHILDHOOD PROGRAM

Date	Steps	Person(s) Responsible	Date Completed	Time to Complete Step
3/17/95	S. can remain with B-3 services until age 3. Transition options will be discussed throughout her time with Bridges. This is an on-going process.	Service coordinator, Parents	First IFSP meeting	15 minutes
10/15/96	S. will continue with Bridges. S. will join toddler group as preparation for "preschool." Options for after 3 will be discussed at next IFSP review.	Service coordinator, Parents	Second IFSP meeting	15 minutes
1/21/97	Mother requested service coordinator meet with parents to discuss transition process.	Service coordinator, Parents		
2/5/97	Plans made at 2/5/97 home visit with parents.	Service coordinator, Parents	2/5/97	1 hr. - discussion of process, options, learning style 2 hr. - discussion early childhood transition, process, options
2/5/97	Parents would like to view video on transition to early childhood.	Parents	2/13/97	20 min. - view + questions

A WALK THROUGH THE TRANSITION PROCESS: TRANSITION STEPS PRIOR TO THE MEETING WITH THE EARLY CHILDHOOD PROGRAM

Date	Steps	Person(s) Responsible	Date Completed	Time to Complete Step
2/5/97	Mother will observe an early childhood classroom.	Service coordinator, mother, early childhood staff	3/11/97	1 hr. - tour 15-30 min. arrangements
2/5/97	Parents would like referral, releases, reports, & IFSP send out mid-March.	Service coordinator, speech language pathologist	3/17/97	1 hr. - coordination of paperwork 2 hrs. x 2 eval + reports
2/5/97	Parents will attend parents' rights workshop.	Parents	3/20/97	1.5 hrs. - travel /child care
TOTAL HOURS ~11				

From: Paul, M. (1998). Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

5. Group Activity: Transition Role Play (50 minutes)

The facilitator asks the students to count off and divide into small groups. Each group of students participates in a role play exercise focusing on one step of the transition process. Scenarios (attached) include a description of a situation and perspectives of each person involved. One member of each group receives a description of all the persons involved, observes the role play, and lists the stressors. The remaining members of the group each role play a character and receive only the information pertaining to that individual.

When the role play is complete, students identify the stressors in this situation and together come up with a plan that may improve the quality of the interaction.

The facilitator reconvenes the group and asks small group observers to share their insights from the role play activity.

Follow-up:

The students will benefit from attending an actual transition meeting for either a hospital discharge, birth to three or early childhood. Following the transition meeting, students could share their observations with one another in a seminar.

Trainer's Notes

The topic of transition is so broad, multi-faceted and sometimes more about the changing of relationships and less about what the law requires. One seminar on the topic hardly seems satisfactory. Trainers may choose to look more closely at comparisons between birth to three and early childhood. The topic of transition to an inclusive setting could also be explored in more depth.

References

Appleton Area Schools (1993). A new beginning: Meeting the special needs of children [Video]. (Available from Appleton Area Schools, Appleton, WI).

Bridging Early Services Transition Project (1996). Transition: A time for growth [Video]. (Available from Bridging Early Services Transition Project, Associated Colleges of Central Kansas, McPherson Kansas and University of Wisconsin-Milwaukee).

Bruder, M. B., & Chandler, L. (1996). Transition. In S. L. Odom, & M. E. McLean (Eds.), Early intervention/Early childhood special education. Austin, TX: PRO-ED, Inc.

Hains, A., & Robbins, S. (Eds.). (1995). Step ahead at age 3: A guide for families in Wisconsin. Madison, WI: The Wisconsin Bridging Early Services Transition Planning Committee.

Kingsley, E. P. Welcome to holland [article from a newspaper column written by Agigail Van Buren (Dear Abbey) for the Los Angeles Times].

Paul, M. (1998). Material from a presentation to preservice students during a seminar on transition. Madison, WI: Waisman Center Early Intervention Program, The University of Wisconsin-Madison.

Rosenkoetter, S. E., Hains, A. H., & Fowler, S. A. (1994). Bridging early services for children with special needs and their families: A practical guide for transition planning. Baltimore: Paul H. Brookes Publishing Co.

Rosin, P., Whitehead, A. D., Tuchman, L. I., Jesien, G. S., Begun, A. L., & Irwin, L. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Transition Seminar
Role Plays

Cesarini Family

Situation: A home visit was set up to discuss transition plans. A Birth to three provider and family have had a positive working relationship for one year.

Parent: You have had your child in three different therapies over the past year; these have been at your home, at your child care provider's home, and once a week at a clinic. You and your husband both work outside of the home. The idea of a new school program, the bus, the half-day scheduling all seem overwhelming. You want your child to have fun and not be committed to therapies for a year. You see that your child has made great gains. You tell the Birth to three provider at this meeting that you are not interested in any services after your child turns three since you want her to have a year off and just have typical experiences. You will continue with the present services until your child turns three.

Birth to Three Provider: You have come to the visit with the Step Ahead at Age Three booklet on transition and a video about transition to the school district's early childhood program. You are all set to start the process.

O'Brien Family

Situation: Three parties involved in a transition meeting are the O'Brien family, a service provider from the birth to three program, and an educator from the public school early childhood program. You are meeting for the first time and 32 month old Timmy is playing as you talk. The purpose of this meeting to talk about the family's concerns for Timmy and to share information with the family about beginning the transition process.

Birth to Three Provider: You have worked with Timmy since he was referred to the birth to three program at age 30 months. You have described Timmy as having "differences in his development." You were part of the original evaluation team. The birth to three team questioned whether Timmy has pervasive developmental disorder (PDD) or autism and are talking with the family about further medical evaluations. You have not mentioned the terms PDD or autism to the family because of the uncertainty in this area and your reluctance to alarm them before you know more about Timmy. You have not shared these concerns with the team members of the three to five program.

Three to Five Provider: You are meeting the family for the first time. From the reports that describe his play and interaction skills and from observing Timmy, you question whether or not he has a diagnosis of PDD or autism. One form you fill out today with the family must list suspected areas of disability and one category is autism. For an M-team to be formed, you believe the suspected category of autism should be checked. You begin to talk to the family about autism.

Parent: Two months ago you had your child evaluated by the birth to three program and services have begun. You are very concerned about your child's development and his difference from the other children in his daycare setting. You are anxious that you must switch programs so soon after beginning services. No categorical labels have been discussed in reference to your child.

Gallmaucher Family

Situation: Parent, birth to three provider and early childhood provider are sitting down at one of the final phases of transition, the Individualized Education Plan (IEP) meeting. The early childhood provider has introduced setting up goals for the next year. Ms.Gallmaucher, the parent, takes out a list of goals she has written and begins to speak.

Parent: You are a 19 year old, single parent, whose only child is now transitioning from birth to three into the local school system. You are going to school, living with your parents, and are very involved in your child's program. You have been comfortable setting up goals with your birth to three providers. You tell the team that you have a list of goals you want your child to work on in early childhood in the next year.

Birth to Three Provider: You have worked with the family and child since the child was enrolled in birth to three at age two. You view Ms. Gallmaucher as very knowledgeable of her child's development and willing to try new approaches. Ms. Gallmaucher likes to ask questions and discuss ways to work with her child. You know you will be working together on future transitions.

Three to Five Provider: This is the first M-team you have had with a family whom is moving from the birth to three program. You feel that Ms. Gallmaucher does not have extensive knowledge of child development. You also have another IEP scheduled following this meeting and feel the pressure of time. When Ms. Gallmaucher states that she would like to discuss her goals for her child, you politely ask her to wait. You tell her you already have some goals written based on the evaluations and after you go over them you will go back to see if she has any she might add.

Chow Family

Situation: The parents and a team of professionals including hospital staff and a birth to three program service coordinator are meeting to discuss a plan for a successful transition for six month old Lou from Neonatal Intensive Care Unit (NICU) to home. He had been discharged earlier in the week for the first time since his birth but his parents brought him back to the hospital in great distress because of his incessant crying and suspected seizure activity.

Parents: You are a young married couple who both work outside of the home, on different job shifts. Since the unexpected premature birth of and extended hospitalization of your first baby six months earlier, you have alternated spending time learning about his care in the NICU. You brought your baby home earlier this week but returned to the hospital within 48 hours extremely concerned that he had not stopped crying during all of his awake time. You also suspect he is having seizures and are very uncertain about what to do if this is true. You are exhausted and very frightened about how to best take care of this baby. You ask the hospital social worker if Long can stay in a hospital setting where you can come to be with him every day but he can have medical staff attending to him. You both feel strongly that you are not equipped to care for his great needs at home, continue your work schedule and function as a family.

Hospital Social Worker: You have been a social worker in this hospital for several years and have previous experience working for a state run residential facility. You believe strongly that all children deserve to live with their families in a home setting. The parents of Long ask you at this meeting if Long can live at the hospital or in a medical facility because of his special health care needs. You are knowledgeable that in this state the only way a family can not take their child home from a hospital is to relinquish their parental rights and have their child placed in foster care.

Birth to Three Service Coordinator: You are a relatively new service coordinator who just began a job with the local birth to three program. You have been invited to this meeting by the hospital social worker who called you to refer the family to your program and suggested that you come to meet them at this meeting. You are aware that the baby has extensive medical needs and will be receiving many services from a home health care agency. You come to the meeting with information about the services that can be offered to the family through the birth to three program.

Abrams Family

Situation: The Abrams family are ready to begin planning for their nearly five year old son, Brian, to transition to the kindergarten of their neighborhood school that their two older children now attend. Brian has been identified as having delays in his cognitive and communication skills and been receiving services since he was two year years old. The family has seen the kindergarten class that Brian will attend and have met the teacher, who is enthusiastic about having Brian in her class. They schedule a meeting with Brian's early childhood teacher to ask her opinion of what supports he may need in this classroom for a successful kindergarten year.

Parent: You are very excited about your son's upcoming transition to kindergarten. You plan to have him attend the same school your two older children now attend. You have scheduled this meeting with his present early childhood teacher with questions about what goals she thinks will be good to work on during the kindergarten year and what classroom adaptations may be helpful for your son to be successful.

Early Childhood Teacher: You have been Brian's teacher for the past two years and have greatly enjoyed having him be part of your class. You are aware that he is old enough to transition into kindergarten but are concerned about the fact that Brian has not yet achieved all of the pre-academic skills that other children entering kindergarten have. You have not visited the kindergarten class of the family's neighborhood school but you have been told that there are more than 20 children in the class. You are afraid that Brian would be very overwhelmed in this setting. You are planning on making the recommendation that Brian attend a classroom program designed for children with cognitive disabilities. This class is not in Brian neighborhood school but you feel strongly that the small class size and individualized attention available in this program will greatly benefit him.

The material in this section is contributed from Mary Paul, the Bridges for Families Program, Waisman Center Early Intervention Program, University of Wisconsin-Madison, Madison, Wisconsin (1998).

Learning Tool #17:
Cross-Cultural Competency:
Examining The Influence of Culture

What Will Be Learned

Students will gain an appreciation for how their own cultural background influences their values, beliefs, biases and behaviors. They will explore the definitions of culture and cultural competence or sensitivity.

How Long Will It Take

2-2 1/2 hours

What You Will Need

- Prepared newsprint, blackboard and/or overhead projector
- Worksheet: A Cultural Journey
- Worksheet: Cultural Reframing Exercise

Instructions

Before you begin:

One or several weeks in advance of this seminar students are given the worksheet entitled "A Cultural Journey" and are asked to fill it out and bring it to this seminar.

During the training:

1. Students break into their teams (or three groups designated by facilitators) and each group is asked to focus in on a different area of their cultural journey (e.g., Team 1: Origins; Team 2: Beliefs, biases and behaviors; and Team 3: Race). Teams are given about 20 minutes to share the information and stories that they listed on that section of their cultural journey worksheet.

2. After about 20 minutes, reunite as a large group and ask each team in turn to present highlights from their small group discussion. All are encouraged to participate in the discussions (lasting approximately 15-20 minutes).

3. After each team has shared information from their small group discussion and while still together as a large group, the trainer asks the students to define and discuss the terms: culture; ethnicity; and race. The group facilitator records the student responses on an overhead, blackboard or wallchart paper as the discussion proceeds. Then the trainer offers the prepared definition of culture (see chart below) using an overhead projector and allows any further discussion. The trainer continues with a presentation of the definition of cultural sensitivity, and the philosophy that underlies family-centered, culturally-competent early intervention practices (see chart below).

Culture refers to whatever one has to know or believe in order to operate in a special group. It includes world views, beliefs, rules, practices, and actions for surviving in, or adapting to a particular environment. Culture is more than ethnicity. Workplaces, schools, neighborhoods, geographical regions or religious communities may all be examples of culture. People may have several cultures or sub-cultures.

Cultural Sensitivity is the knowledge that cultural differences, as well as similarities, exist. Cultural sensitivity means being aware of the cultures represented in one's community, learning about some of the parameters of these cultures, and realizing that cultural diversity will affect families' participation in programs.

Philosophical principles which guide the study of culture:

- We must first understand our own culture and the values and beliefs we have about others who are different.
- All families and individuals are unique, influenced but not defined by culture.
- Our responsibility is to work with families to develop interventions that are culturally sensitive and to help interpret the mainstream culture to families to increase their abilities to advocate for their child.
- Professional/parent partnerships are vital to increasing cultural competencies.

Reframing is the restating of a problem in a more positive way in order to make the problem seem manageable. To reframe does not necessarily improve, but, rather, shows that questions/statements can take on various forms which may lead to different responses.

EXAMPLES FROM THE CULTURAL REFRAMING EXERCISE:

1. THEY SPEND MONEY FOOLISHLY vs. *They enjoy getting the most out of life*
2. THEY LOOK DOWN ON WOMEN vs. *They respect traditional roles*
3. THEY ARE LAZY vs. *Life is more than work*
4. THEY DON'T TRY HARD vs. *It is not important to be competitive*
5. THEY ARE NEVER ON TIME vs. *Punctuality is not a priority*

From: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1996). Multicultural early childhood team training leadership institute for parent/professional teams manual. Fairfax, VA: Center for Human disAbilities, Parent Educational Advocacy Training Center.

4. Next, students are asked to take five minutes to think about and write down family sayings that they remember from their years growing up. These can be any familiar expressions recited by parents or other close adult relatives in response to particular actions or situations (e.g., "You are what you eat"; "The early bird catches the worm"; "Do unto others..."). The trainer then asks

for volunteers to share a family saying that they have remembered and these sayings are written on the newsprint (or blackboard, or overhead) and the facilitator leads students to discuss the values inherent in the family sayings (about 20 minutes). The idea is to pull together the previous activities by further exploring the individual backgrounds represented in the group, to point out how families impart their values in subtle and/or explicit ways, and to lead up to the final activity of the night, a discussion of "cultural reframing".

5. The trainer defines "reframing", showing the definition (see chart above) on the overhead projector and then asks students to break into three new groups by counting off by threes. In small groups participants generate reframed statements using the "Cultural Reframing Exercise" worksheet.

6. To end the evening, the large group comes together to share the students' ideas for ways to reframe the statements on the worksheet and to discuss reframing and why it can be helpful.

Follow-up:
One seminar on culture hardly touches the surface. It is important to integrate the topic into all aspects of training.

Trainer's Notes

In summary, this training session involves a few different activity shifts, which are highlighted below:

1. small group discussing a section of the cultural journey worksheets;
2. further discussion as a large group;
3. large group examination of definitions and philosophy;
4. large group discussion from individuals' reflections on family sayings;
5. small groups generate reframed statements; and
6. large group discussion of reframing.

While on paper the frequent shifts in activities during this seminar may seem unwieldy, we found that the changes from small to large groups kept the participants engaged, and that the individual activities flowed together smoothly.

A natural time for a break might be after the large group examination of definitions and philosophy.

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Shirts, R. G. (1977). BaFa BaFa [game]. Del Mar, CA: Simulation Training System, P.O. Box 910, Del Mar, CA 92014, 800-942-2900, 619-755-0272.

A Cultural Journey

Culture is not just something that someone else has. All of us have a cultural, ethnic, racial, linguistic, and religious (or nonreligious) heritage that influences our current beliefs, values, and behaviors. To learn a little more about your own heritage, take this simple cultural journey.

ORIGINS

1. When you think about your roots, what place(s) of origin do you identify for your family?

2. Have you ever heard any stories about how your family or your ancestors came to the place where you grew up or how they came to the United States? Briefly, what was the story?

3. Are there any foods that you or someone else prepares that are traditional for your place of origin or some other aspect of your heritage? What are they? What is their significance?

4. Are there any celebrations, ceremonies, rituals, or holidays that your family continues to celebrate that reflect your place of origin or some other aspect of your heritage? What are they? How are they celebrated?

5. Do you or anyone in your family speak a language other than English because of your origins? If so, what language?

6. Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors? Does it reflect a cultural, religious, or individual value? What is it?

BELIEFS, BIASES, AND BEHAVIORS

1. Have your ever heard anyone make a negative comment about people from your place(s) of origin or about another aspect of your heritage? How did you handle it?

2. As you were growing up, do you remember discovering that your family did anything differently from other families because of your culture, religion, or ethnicity? What was it?

3. Have you ever been with someone in a work situation who did something because of his or her culture, religion, or ethnicity that seemed unusual to you? What was it?

   Why did it seem unusual?

4. Have you ever felt uncomfortable, upset, or surprised by something that you saw when you were traveling in another part of the United States or the world? If so, what was it?

   How did it make you feel? Pick some descriptive words to explain your feelings.

   How did you react?

   In retrospect, how do you wish you would have reacted?

5. Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to another person? What was it?

   What did you do to try to improve the situation?

IMAGINE

1. Imagine that for a week out of this year you will become a member of another culture or ethnic group. Which group would you choose to be a part of for that week? Why?

2. What is one value from that culture or ethnic group that attracts you to it?

3. Is there anything about that culture or ethnic group that concerns or frightens you?

4. Name one concrete way in which you think your life would be different if you were from that ethnic or cultural group.

From: Lynch, E. W. (1998). Developing cross-cultural competence. In E. W. Lynch, & M. J. Hanson (Eds.), Developing cross-cultural competence: A Guide for working with young children and their families (pp. 87-89). Baltimore, MD: Paul H. Brookes Publishing Co. Reprinted with permission from Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624, 800-638-3775, 410-337-8539 (fax), custserv@pbrookes.com, www.pbrookes.com (book stock #3319; $39.95).

Cultural Reframing Exercise

1. They spend money foolishly.	
2. They look down on women.	
3. They are lazy.	
4. They don't try hard.	
5. They are punitive with their children.	
6. They have too many kids.	
7. They don't plan ahead.	
8. They are always looking to others to solve their problems.	
9. The don't get involved with their children's schools.	
10. They don't do enough to turn their lives around.	
11. They are never on time.	
12. The are unreasonable.	

From: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1998). Multicultural early childhood team training leadership institute for parent/professional teams manual (p. P1.9). Fairfax, VA: George Mason University & the Parent Educational Advocacy Training Center. Reprinted with permission.

Cultural Reframing Exercise

1. They spend money foolishly.	1. Enjoyment is important.
2. They look down on women.	2. Cultural traditions are followed with respect to women.
3. They are lazy.	3. Life is more than work.
4. They don't try hard.	4. It is not important to be competitive.
5. They are punitive with their children.	5. Teaching children to behave appropriately is a parent's responsibility.
6. They have too many kids.	6. Family is what gives life meaning.
7. They don't plan ahead.	7. It is important to be spontaneous and creative.
8. They are always looking to others to solve their problems.	8. Guidance is needed to find appropriate services.
9. The don't get involved with their children's schools.	9. A parent has many demands on his/her time and often chooses to focus on the home.
10. They don't do enough to turn their lives around.	10. Life's ups and downs are accepted.
11. They are never on time.	11. Punctuality is not important.
12. The are unreasonable.	12. Some are very passionate about certain issues.

From: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1998). Multicultural early childhood team training leadership institute for parent/professional teams manual (p. T1.9). Fairfax, VA: George Mason University & the Parent Educational Advocacy Training Center. Reprinted with permission.

Learning Tool #18: Cross-Cultural Competency: Applying Family-Centered Principles

What Will Be Learned

Students will gain familiarity with broad principles of family-centered service delivery by exploring cultural competence and culturally responsive practices.

How Long Will It Take

1 1/2-2 hours

What You Will Need

- Prepared newsprint and/or overhead projector
- Case studies. Two example case studies are included, but others can be substituted or added.

Instructions

Before you begin:

It is helpful for participants to have already been exposed to the training outlined in Learning Tool #17.

During the training:

1. Begin with a presentation of the following summary of elements of family-centered care.

Elements of Family-Centered Care

1. Recognition that the family is the constant in the child's life while the service systems and personnel within those systems fluctuate.
2. Recognition that a child is first a member of a family in a community.
3. Facilitation of parent/professional collaborations at all levels of health care:
    -care of an individual child;
    -program development, implementation and evaluation; and
    -policy information
4. Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.
5. Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of families.
6. Recognition of family strengths and individuality and respect for different methods of coping.
7. Understanding and incorporating the developmental needs of infants, children and adolescents and their families into health care delivery systems.
8. Encouragement and facilitation of parent-to-parent support.
9. Assurance that the design of health care delivery systems is flexible, accessible and responsive to family needs.

Adapted from Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992).

2. Hand out the case studies and allow time for participants to read them. (Participants may be split into two groups, with each group analyzing one of the case studies, or students can remain as a large group and each case study is examined in turn.) Discussion/analysis of the case studies is facilitated by the trainer who can ask questions such as the following: *What are some of the challenges faced by this family? Where has a breakdown in communication occurred between the early interventionist and the family? How does the family view the situation/How does the provider? Are there issues that can be attributed to cultural differences between the two parties?*

3. Next, participants are asked to identify culturally responsive, family-centered approaches to the issues identified in the case studies. Individuals (still either in two groups or in one large group) are given about ten minutes to write down their thoughts. During the discussion that follows, the trainer can ask the question: *How is the approach you described different from approaches that you might consider* ***unresponsive*** *to cultural backgrounds and family needs?* Comparing and contrasting best practice approaches with approaches that are less acceptable (or unacceptable) allows participants to explore the philosophies that underlie the move from older or inadequate ways of providing services to the current way of thinking about early intervention service provision. If participants have been in two separate groups they can now come together and present to each other the main content of their analysis of their case study and the approaches they have identified for working in partnership with families.

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Case Studies

Case Study I
The Lees have just moved to town and called the area birth to three program to find out about services for their son, Justin, who is 18 months and has Down syndrome. When the service coordinator arrives, Chin Hui Lee, who stays home with Justin and 4-year-old Vicky, seems reluctant to let her in the house. Everyone remains standing for the first 10 minutes of the visit, unsure what to do. The service coordinator, who is an outgoing person, starts to ask a lot of questions about Justin and his progress in the previous birth to three program. The more she asks, the more quiet and uncomfortable Chin Hui becomes. So, the coordinator begins talking about her own family's experiences in early intervention. Later, Chin Hui calls her mother and says,

> "I'm not sure I even want to enroll Justin in early intervention here. The service coordinator just wouldn't stop asking all these personal questions. Then, she wouldn't quit talking about herself. I felt wiped out after the visit. Besides, Justin is making such great progress just being home with Vicky and me. The service coordinator seemed to think all his progress came from the therapies he was receiving."

Case Study II
Bradford, who is 10 months, was recently evaluated for early intervention services because of overall concerns about his development expressed by his pediatrician. He qualifies for speech, OT, PT and education services. His mother, Ruby, is a single parent who lives with her own mother. She is working full-time and trying to get her GED because she dropped out of high school to have Brad. Ruby's mother, who is clearly the head of the household, questions whether he really needs therapies at only 10 months. Ruby seems interested, but vague and reluctant to provide details when therapists ask specific questions. Says Bradford's education,

> "It's hard to work with Brad's family because everyone is polite, but I don't think any of the adults involved understand how important therapy is to Brad's future. They all love Brad, but I seriously doubt Ruby is doing any follow-through on the services I am providing".

Learning Tool #19:
Cross-Cultural Competency:
Large Group Cultural Immersion Activity

What Will Be Learned

Participants will explore the idea of culture through an immersion activity involving participants in a role play/simulation game.

How Long Will It Take

2 hours

What You Will Need

- BaFa BaFa kit which includes manual, audio tapes and materials for play
- 2 audio tape recorders & 2 rooms close in proximity
- 2 facilitators (or more), at least 1 for each BaFa BaFa culture

Instructions

Before you begin:
Facilitators should thoroughly familiarize themselves with the BaFa BaFa manual and audiotapes..

During the training:
Introduce the activity and divide the group into two smaller groups. Each group will continue the game preparations in separate but nearby rooms. The audiotapes that accompany the game will provide all the needed instructions.

After the game, the two groups reunite in one room for a discussion. Attached are sample discussion questions and conclusions (a full set of discussion questions is included in the BaFa BaFa game kit). The discussion questions and conclusions are selected examples from the BaFa BaFa instruction manual (Shirts, 1977). The manual gives a more complete description and rationale for the game and follow-up discussion.

Trainer's Notes

The BaFa BaFa simulation game is most successful when participants are willing to enter wholeheartedly into the role play; the facilitators can model this with an earnest and enthusiastic attitude. The more players, the better. We recommend no less than six people in each group (Alphans and Betans). If your class/group is small, you might join with another class to increase your numbers.

References

Shirts, R. G. (1977). BaFa BaFa [game]. Del Mar, CA: Simulation Training System, P.O. Box 910, Del Mar, CA 92014, 800-942-2900, 619-755-0272.

BaFa BaFa Simulation Game Sample Discussion Questions

1. Ask the Beta members to give you words which describe the Alphans. Write these on one side of the chalkboard without comment. Many of these words are likely to be pejorative such as, "lazy", "friendly but cold", "cliquish", etc.
2. Ask the Alphans to give you words which describe the Betans. Write these on the other side of the chalkboard. Some of these descriptions are also likely to be pejorative such as, "unfriendly", "greedy", etc.
3. Ask the Betans and the Alphans in turn how the other culture appeared to them when they came to visit.
4. Ask an Alpha member to explain the Beta Culture.
5. Ask a Beta member to explain the Alpha Culture.
6. Ask members of each culture in which culture they would prefer to live and why.
7. In the game, you were not allowed to tell the rules of the culture. Are there situations and conditions in the "real world" which make it difficult to ask about the rules of another culture?
8. Is it possible to talk about another culture without using evaluative terms?
9. If culture"z" met the needs and aspirations of its members better than culture"y" met the needs of its members, would culture "z" be a better culture than culture "y"?
10. Does prolonged contact with another group increase understanding and appreciation between various groups?

Sample Conclusions

All of the above discussion questions are intended to help the participants understand the ways in which people who belong to different cultures, organizations or groups can learn about one another. The statements below summarize some of the conclusions the participants are likely to reach (or that the facilitators can guide the group toward) as they discuss and analyze these questions.

1. What seems logical, sensible, important and reasonable to a person in one culture may seem irrational and/or unimportant to an outsider.
2. Feelings of apprehension, loneliness, lack of confidence are common when visiting another culture.
3. When people talk about other cultures, they tend to describe the differences and not the similarities.
4. Personal observations and reports of other cultures should be regarded with a great deal of skepticism.
5. It requires experience as well as study to understand the many subtleties of another culture.

Learning Tool #20: Cross-Cultural Competency: Exploring Non-Standard Approaches to Therapy and Treatment

What Will Be Learned

Students will receive information about a variety of types of non-standard or alternative treatments/therapies which families may choose to use. Students will consider what are important factors when supporting families in their choices. This learning tool defines culture broadly to include individual family cultures.

How Long Will It Take

2.5 hours

What You Will Need

- Wallchart paper, markers, or blackboard and chalk
- Room arranged to accommodate one or more guest speakers
- Handout: Family Scenarios for Non-Standard Therapy Seminar Activity
- Information on non-standard therapies

Instructions

Before you begin:

Students should have available copies of current articles or book chapters on the use of non-standard therapies.

Students may be assigned the task of finding a position statement from the professional organization affiliated with their discipline regarding the use of non-standard or alternative therapies.

A few weeks before the training, invite one or two service providers who use non-standard therapies, (for example, acupuncture), in their practice to share information about the particular therapy they use, what type of children they see, and what they see as the benefits of this therapy.

During the training:

1. Student-generated listing of alternative therapies:

This seminar could begin with a student-generated list of non-standard or alternative therapies. List these therapies on the wall-chart paper or blackboard. Students or staff may answer questions about the details of a particular therapy or treatment as they are listed. What this list should show is that non-standard and alternative treatments are many, and families may choose from a wide variety of possibilities. This activity should last 10-15 minutes.

2. Guest Speakers on Alternative Therapies

After this introductory activity, a staff member will introduce the guest speaker or speakers. The guests will speak for about one hour, with time allowed for questions during or after their presentations. Discussion may be facilitated during the presentation with questions such as:

1. Tell us your discipline and describe the therapy approaches you use with young children.
2. What do you see as the benefits of this particular approach or treatment? Are there risks associated with it?
3. How are you typically reimbursed for your treatment sessions?

3. Small Group Activity

Have the students count off by five to form small groups. It is helpful to locate groups in different rooms for discussion, if this is possible. Each group will receive a packet containing a scenario about a family considering a particular non-standard therapy for their child; information about the therapy being considered; and discussion questions relating to their specific family scenario. Students should take time to read the scenario and generate discussion around the questions, by considering the information in the handout. The group should choose a spokesperson who will share what they felt were the most important points from their discussion at the large group wrap-up. This small group discussion should last about 45 minutes.

4. Large Group Wrap-Up

Have the students come back to the large group. A spokesperson from each group will share briefly what they considered the most important points from their discussion about their particular family scenario. This wrap-up should take the remaining 15 minutes of the seminar.

Follow-up:

Continue to share information on relevant articles, videos, television specials and Internet sites which feature this topic.

Trainer's Notes

It is important to acknowledge that the term "nonstandard" is relative to one's culture and region. Students should be given an opportunity to explore the definition and how various groups may define this differently.

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Family Scenarios for Non-Standard Therapy Seminar Activity

The **Adams family** has a two-month-old daughter with Down syndrome. While looking for resources on the topic of Down syndrome on the Internet, they received information on vitamin therapy. They brought this information to a local alternative health care pharmacy and asked a staff person about it. They were told that a combination of vitamins given on a daily basis would definitely help their daughter's development. The cost of the vitamin therapy would be approximately $40 per month.

When the Adams ask you, their early intervention service provider, your opinion of this therapy, what are important questions or factors you can help them consider before making a decision?

The **Smith family** has a 28-month-old son who was recently diagnosed with autism. They have received many differing opinions from health care providers, family members, friends and professionals about the best course of treatment for their son. Mrs. Smith has received information about discrete trial training, known in their area as "Lovaas," a program which would be implemented 30-40 hours a week. She is ready and willing to make the commitment to this program, in spite of being employed nearly full-time outside of the family home and having many time commitments around the activities of two older children in the family. Mr. Smith is uncertain if autism is truly an accurate diagnosis for their son. Mr. Smith feels his son is different, yet an independent and capable child. He would like to see him have more opportunities for social time with children his age, rather than structure his time in such an intense program as the discrete trial training.

How will you help guide this family through the decisions that they are trying to make? What questions or factors will be important for them to consider before making a decision about appropriate intervention for their child?

The **Michael family** has a three-year-old son who was born at 28 weeks gestation and experienced significant intraventricular hemorrhaging. Their son has a diagnosis of cerebral palsy, does not walk and needs the support of positioning equipment for sitting. He also takes medication to control seizures. The family receives OT and PT services for their son through their local school district. On a recent family vacation, the parents noted how much more relaxed their little boy was while they had him in a heated swimming pool. They also noted he could respond to games they played with intentional movement that seemed to come much easier while in the water than otherwise. The family decided that they no longer want to spend time in a traditional therapy setting, and would like all of their son's motor therapies to be done in a warm water pool. They plan on asking the therapists from the school district to meet them at a local health club pool each week.

If you are one of the therapists, how will you respond to this request? What are the functional limitations of doing therapy exclusively in a pool? What factors will you encourage this family to consider when making this decision?

The **Brown family** has a two-year-old daughter with Down syndrome. They recently watched a news documentary program that featured a story on a family who used a non-FDA approved drug called "piracetam" for their child with Down syndrome. The family on the TV show claimed their child's development improved dramatically. The drug is only available through ordering from another country and is quite expensive. The Browns would like to try this controversial approach, in spite of having to pay out of pocket for the medication.

What factors will you encourage the family to consider before making this decision? What steps will you encourage them to take in order to gain more information about piracetam and its possible side effects?

The **Dodge family** has a four-year-old son with developmental delays. One of the family's concerns revolves around his very high activity level and inability to follow through on and attend to activities, both in his early childhood classroom and at home. The Dodges have been advised to try a medication approach with their son and to put him on Ritalin, a frequently used medication for children with Attention Deficit Hyperactivity Disorder. The Dodge family is very hesitant to try this medication and are considering employing what they consider less invasive and more conservative treatment of their son's attention difficulties. They would like to keep him on a strict diet with no food additives or refined sugars. They would also like him to receive sensory integration therapy, which is only practiced by a few private clinicians in their area.

What information will be important for this family to have in order to make this decision in an informed way? What other factors will be important for all professionals, including the family doctor, to consider when supporting this family in their decision?

The **Trane family** has a five-year-old daughter who is believed to have a significant cognitive disability. She attends an early childhood program five days per week in an inclusive preschool setting. Some of the school staff have introduced the use of facilitated communication techniques with the little girl in the classroom, and have reported that she communicates far more than what has been documented with other approaches, and even demonstrates early literacy skills. Other staff at this school remain doubtful and do not believe that this is true and accurate communication on the part of this child. The parents have tried to use the same techniques at home as instructed by school staff (who support the use of FC) but have not seen the same results. They have turned to you to ask your opinion of facilitated communication techniques and whether to allow this method to be used with their child.

What steps would you take to gather information about the effectiveness of facilitated communication with this child? What other factors should be considered when forming opinions about facilitated communication with this child? Is it harmful to allow this technique to be used, even if it cannot be determined if this is true communication from the child?

Learning Tool #21:
Team Process: Developmental Tasks

What Will Be Learned

Successful teams experience stages of development as they work towards effective teamwork. Learning about and preparing for the developmental stages can provide team members with an awareness of the process as they begin to work together.

How Long Will It Take

1-1 1/2 hours

What You Will Need

- VCR
- Worksheets/chalk board for note-taking
- Overhead projector, overheads, markers
- Video: Interdisciplinary Teamwork
- Overhead: Stages of Team Development
- Chapter 6: Rosin, et al. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing, Inc.

Instructions

Before you begin:

Have students complete the Rosin reading. Assign two trainees to lead the seminar discussion of the reading.

During the training:

Have trainees lead a discussion of reading, focusing on experiences they may have had on previous teams at various stages of development. The facilitator may note salient points on worksheets for further discussion.

View a vignette(s) from the video, "Interdisciplinary Teamwork: A Team in Name Only/Becoming an Effective Team ." A video training guide, which accompanies the videotape, offers suggestions for discussion. Choose as many vignettes as time allows, specific to the needs of training group. The facilitator asks the trainees to consider their teams while viewing the videotape and asks them to identify which stage of development the team in the videotape may be experiencing.

Then facilitate a discussion that includes readings, video, overheads of group characteristics and stages of development.

Follow-up:

Trainees may be asked to write a reflective paper at the end of the semester, which asks them to critically evaluate the effectiveness of their team functioning and process.

Trainer's Notes

Over time, periodic reminders of the developmental nature of experiences help group members to keep a perspective of the dynamics of their group as they learn together. Helping the group process their experiences within a developmental perspective keeps a focus on growth towards goals.

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Virginia Institute for Developmental Disabilities, Virginia Commonwealth University (1993). Interdisciplinary Teamwork: A Team in Name Only/Becoming an Effective Team [Video]. Virginia: Author.

Stages of Team Development

- **Forming**
- **Storming**
- **Norming**
- **Performing**
- **Adjourning or Reforming**

From: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Learning Tool #22:
Team Process: Team Models

What Will Be Learned

Students will discuss the different models of teams on which they may participate in the delivery of early intervention services: multidisciplinary, interdisciplinary and transdisciplinary. Trainees will share information about the types of teams on which they have participated, including the rationale, benefits and challenges of each model.

How Long Will It Take

1-1 1/2 hours

What You Will Need

- Chart paper or chalkboard for note-taking
- Chapter 5: Rosin, et al. (1996). Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing, Inc.

Instructions

Before you begin:

Students should complete the Rosin reading.

During the training:

Ask trainees to share their definitions of a team. Identify and discuss the characteristics of three models of teams: multidisciplinary, interdisciplinary, and transdisciplinary. Ask students to brainstorm (either as a large group or in small groups of three or four) about the teams on which they have participated. List teams on the board. Identify the type of team for each listing, and whether the model of teaming used was effective in helping the team meet goals. Encourage students to think critically about how team functioning or goals may have been supported or undermined by the model of teaming that was used.

Follow-up:

Completing a work-style inventory will further enable students to consider how their individual styles influence team functioning.

Trainer's Notes

It is helpful to present this information early in the semester, and to refer back to types of teams the trainees may experience in their early intervention community placements throughout the year. Information gathered from the work-style inventory can also be referred to periodically as a reminder of how individuals approach tasks, and the influence on team process.

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Learning Tool #23:
Team Process: Staff Coping

What Will Be Learned

This seminar focuses on the challenges involved in the caring professions. Students will gain an understanding of the stress which can develop, and the strategies for coping with that stress.

How Long Will It Take

1-1 1/2 hours

What You Will Need

- Comfortable area with space to sit/lie on floor
- Meditation to read
- Quiet music, if desired
- Handout: Communication Process Model

Instructions

Before you begin:

This seminar focuses on a discussion which includes the challenge of caring, as the work of early intervention can be difficult and stressful. It is important to maintain realistic expectations for staff and family members; to maintain healthy, fluid boundaries, and to take a proactive approach to self-care. Discussion will cover some components of coping, including assertiveness, problem-solving and stress management. Students should read pages 167-177 in Partnerships in family-centered care: A guide to collaborative early intervention.

If possible, prepare the room in as relaxing a manner as possible, or hold the session in a more tranquil place.

During the training:

Assertiveness Activity: Break into triads to discuss issues of assertiveness with a peer. Each group has three vignettes to discuss, rotating the roles of the group members. One member observes and takes notes. When trainees are back together in the large group, lead a discussion about when to be assertive. Ask the students to consider if their reasons were based on opinion, value, beliefs, medical needs, or other factors.

Problem-Solving Activity: Each student should receive a handout on the Communication Process Model. The instructor reviews the model for problem solving, choosing an issue which has surfaced within the seminar group during a previous training component to illustrate how the model is used and to link training content across activities. An example is to look at the steps leading up to a student's concerns about an IFSP/IEP transitional meeting.

Stress Management Activities:

1. Identifying the stressors: Trainees discuss and list what they do when stressed. The facilitator can write these comments on an overhead to facilitate generating more ideas. It might be useful to point out the universality of many of the stress-reduction techniques and remind students that family members may also benefit from these activities.
2. Approaches to stress reduction;
    a. Guided imagery: An instructor begins by explaining the purpose and process of guided imagery. Students are not required to participate, though all are strongly encouraged to learn about this approach to stress reduction. The instructor asks the students to sit comfortably and to relax, then reads a meditation from Guided Imagery, (Moen, 1992).
    b. Group shoulder massage: The instructor asks the students to stand in a large circle, facing the person to their right. Then each person reaches his/her hands up to massage the shoulders of the person in front of him/her. This is usually just for one to three minutes.

Follow-up:

Make copies of the list of trainee-generated stress management strategies for all to have.

Trainer's Notes

It interesting to note that some students feel very uncomfortable with this topic and refer to it as "too touchy-feely ." The trainer will want to consider how to best establish the importance of this topic prior to the training. Inviting service providers from the field to lead part of this training, emphasizing the emotional investment that comes with the helping professions, helps to establish the topic's need and credibility.

References

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Siegel, B. (1990). Peace, love and healing: Body, mind communication and the path to self healing: An exploration. New York: Harper Collins.

Tuchman, L. (1996). Team dynamics and communication. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore: Paul H. Brookes Publishing Co.

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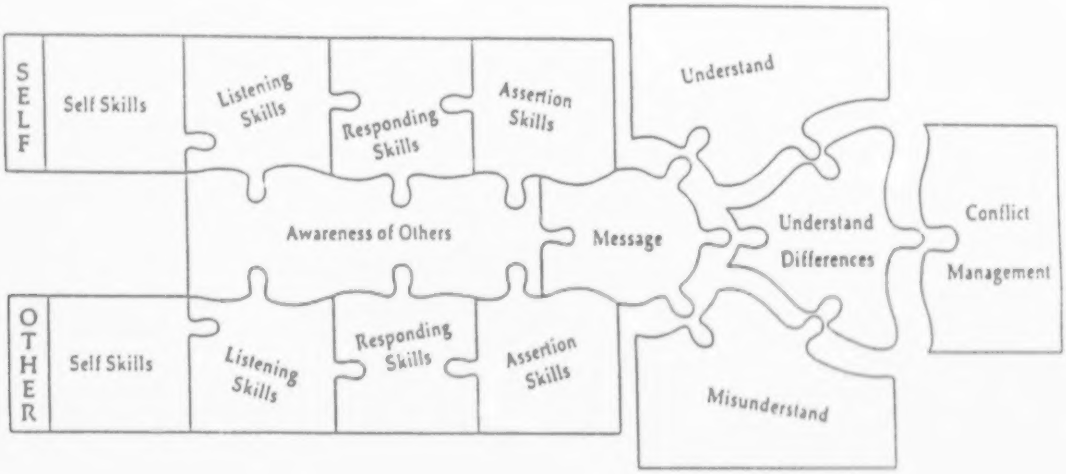
Communication Process Model


SELF
Self Skills
Listening Skills
Responding Skills
Assertion Skills
Understand
Awareness of Others
Message
Understand Differences
Conflict Management
OTHER
Self Skills
Listening Skills
Responding Skills
Assertion Skills
Misunderstand

From: University of Wisconsin-Madison, Dean of Students Office (1991). Communication skills trainer's manual. Madison: Author. Reprinted with permission.

Learning Tool #24:
Team Process: Parent Perspective

What Will Be Learned

Participants will hear from a panel of parents of young children ages birth to five with special needs, regarding their experiences as members of the early childhood intervention teams.

How Long Will It Take

1 1/2 hours (1 hour for panel, 1/2 hour for trainee debriefing)

What You Will Need

- Comfortable arrangement of chairs for panel
- Microphone, if necessary
- Suggested Protocol for Inviting Parent Consultants to Your Class

Instructions

Before you begin:

It is a good idea to invite parent participants well in advance of the seminar, offering child care and an honorarium for their time and expertise. In advance of the seminar, trainees can identify key questions they would like answered by the panel. Including a set of these questions to participants ahead of time allows them to be prepared for the seminar.

During the training:

The topics for the parents to address might include: an introduction of each family and a short family story from each panelist; information on types of services received; a description of teams each panelist participates on (including structure and roles); examples of issues teams have encountered and how they work through conflict; examples of how parents felt welcomed to team; and a question/answer period. Panelists can leave before the end of seminar, which allows trainees time to debrief and discuss points made by panelists.

Follow-up:

Staff can accompany the honorarium payment with a follow-up thank you note to parents.

Trainer's Notes

It is well-documented that including parents in partnership with professionals in early intervention personnel preparation is beneficial. Family participation can be highly effective because families are uniquely qualified to share perspectives, insights and information that may not be readily apparent to professionals. "Family stories" can illustrate which professional practices make the biggest difference in terms of effective working relationships. Including family members acknowledges their expertise and conveys to trainees that the information shared by families is important (Winton and DiVenere, 1995). When identifying families to invite, consider a diversity of perspectives, including fathers, single parents, grandparents or foster parents from a variety of ethnic and socio-economic backgrounds. Aim for a balance of positive and negative experiences parents share. A focus on the negative may cause students to tune out.

References

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Rosin, P. (1996). Parent and service provider partnerships in early intervention. In Rosin, P., Whitehead, A. D., Tuchman, L. I., Jesien, G. S., Begun, A. L., & Irwin, L. (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

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Suggested Protocol for Inviting Parent Consultants to Your Class

Parents have a wide range of experiences. Some may be experienced public speakers because of their work, while others may be presenting to a group for the first time. While different parents find a variety of accommodations helpful, the following have been useful to many parents:

- Invite a parent to speak at least two weeks prior to the class. When inviting a parent, it is helpful to describe the class (department, course name, number of students, the general level of the students) and what you hope the parent will address. You may want to ask the parent if he/she will need audio-visual equipment or assistance with handouts. This is a good time to be clear about whether or not an honorarium can be offered to the parent. Honorariums for parents are highly recommended, in the very least to cover child care and travel for the time when the parent is in your class.

- Parents find it helpful to have a follow-up note sent so they have details in writing to which they can refer. The note confirms the date, time, location and parking availability. You can send a map and/or parking permit at this time if necessary.

- Though not necessary, a call a day or two before the class may be helpful. During this call, you can ask if there are any last minute questions, discuss the parent's presentation and finalize details.

- Prior to class, consider ways in which to make a parent feel comfortable while in your class. A few examples of how to make parents feel comfortable include: prepare the students for a parent presentation ahead of time; provide parents with an introduction which acknowledges the parent's expertise; remind the parent that he/she does not need to answer sensitive questions; assist in explaining a student's question if necessary; and offer to facilitate discussion.

- Following the parent presentation, send a brief thank you note, which parents appreciate. If an honorarium is offered, it could go out at this time.

From: Whitehead, A. (1994). The parent perspective: A parent consultant directory (2nd ed., pp. 4-5). Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Learning Tool #25:
Student Project Presentations

What Will Be Learned

Trainees give a presentation summarizing the results of a team project which they have developed over the course of the semester. Presentations are designed not only to describe what the project entailed, but also to reflect the process the team experienced in working together.

How Long Will It Take

Each team will need 20 minutes

What You Will Need

- VCR/player, overhead projector, slide projector, space for a skit or role-play, flip chart and markers
- Handout: Team Process Presentation Feedback Form

Instructions

Before you begin:
During the semester, student teams will work together on a project which includes either a play-based assessment, or an Individual Family Service Plan activity with a cohort family and child, see Team Module.

During the training:
Each team will present their findings and highlight their team process for the other trainees and staff. Teams are encouraged to be creative in their presentations. Examples can include a skit portraying their team style; a presentation with overheads and slides; a collage, or visual timeline with pictures and graphics. Teams have invited the parents they have worked with to come in and participate or observe the presentations. Typically, each team is given 20 minutes for their presentation.

Peer feedback is an important component of the training project. Each trainee completes a Team Process Presentation Feedback Form for the presentations they observe. Staff members also complete a feedback form.

Follow-up:
The week after students present to the larger group, the teams meet to review the feedback forms and discuss what went well and what could have been better. It is also a time for a staff person to give constructive criticism to the team and assist in drawing closure to the semester's efforts.

Trainer's Notes

Allowing five minutes at the end of each team presentation helps encourage larger group reflection on the challenges and advantages of teaming, including insights into the group dynamics involved in working as teams.

Team Process Presentation Feedback Form

Team:________________________________

1. What are the three points that stood out for you from this presentation?

2. What applications for professional practice came from this presentation?

3. What was a high point of this presentation?

4. What would have made this presentation better or more useful to you?

TEAM ACTIVITIES MODULE

Amy Whitehead, Rae Sprague,
Gail Yellen-Shiring, & Beth Swedeen

Introduction: Team Activities

> *For interdisciplinary work to be effective, several goals must be accomplished during preservice training. Students need to learn critical skills associated with effective team participation. Perhaps more important, however, is that the development of a professional identity must include the idea that team membership and collaboration with parents and other professionals is a fundamental aspect of what it means to be a professional, regardless of the specific discipline for which the student is being trained. Finally, the values and assumptions underlying early intervention need to be acknowledged, explicated, and supported by faculty and mentor models throughout the training experience. (Bailey, 1996, p. 14)*

This module contains an overview of the trainee small group team experiences. The scope and sequence of the team activities is outlined, as well as purpose and strategies for successfully implementing this aspect of the training project. The themes of the assignments are linked to the seminar curriculum, though could be replicated without the seminar component. Included in this section is a series of activities or "learning tools" for student teams. The Table at the end of the introduction, summarizes the learning tools which follow.

The student teams are an integral aspect of the interdisciplinary training project. Five to seven students from different backgrounds come together to work as an interdisciplinary team over the course of a two semester academic year. In completing specified activities, the teams work through many of the challenges faced by those who work on teams as part of their professional careers. Students also receive invaluable training in the teaming aspects of early intervention.

During the first semester, trainees come to know one another and lay the groundwork for their team process and function. The activities are designed to build relationships and develop some beginning early intervention skills. In the second semester, trainees work together on a semester-long project. The training project staff work with each team to provide supervision, support and consultation.

The first semester of training enables teams to complete a number of activities which help them discover and explore their team's process of learning, communicating, and sharing information about the field of early intervention (Learning Tools #1 through #7). The initial set of team building activities are designed to take place over a 15 week semester. The time required for the team activities is two hours a week with some activities continuing across weeks. Trainees are encouraged to set a consistent time each week for team meetings and to honor that commitment for the entire semester. This team experience requires a location suitable for uninterrupted discussion. A staff member serves as the contact and facilitator for each team to provide supervision, support and consultation. Some rescheduling is needed when meeting with families, to accommodate schedules. A sample timeline follows this introduction.

During the second semester of the training, team members work together to complete one multi-step activity (Learning Tools #8 through #15). Each team is responsible for working with a family with a young child and completing a simulated Individualized Family Service Plan (IFSP) with the family. To get started, teams are given the name, phone number and address of the family, with a brief overview of the child (e.g., age, early intervention program, diagnosis). Often the parent is the one to write the overview.

This activity is intended to include all of the factors that a provider in the field would need to address in the IFSP process. It is important to recognize, however, that at points in this activity, students are asked to do certain tasks that a provider in the field may not do. This alteration from actual practice has only been made when staff believe that for the purposes of training, students need to develop professional skills which are linked to their departmental training.

The goal of the team activities is to provide trainees with opportunities to: a) develop knowledge of the other disciplines represented on each team; b) practice interdisciplinary teaming skills (e.g., collaboration, information sharing); and c) practice various roles (e.g., leadership, notetaker, harmonizer). These activities also provide trainees with experiences to work directly with parents and family members as team partners.

CHRONOLOGICAL SUMMARY OF FIRST SEMESTER TEAM ACTIVITIES	
Activity	**Activity Focus**
1	Team Interviews
2	Critique of Clinical/Medical Reports
3	Family Story
4	Multicultural Awareness
5	Literature Discussion
6	Play-Based Assessment
7	Team Process Presentation
CHRONOLOGICAL SUMMARY OF SECOND SEMESTER TEAM ACTIVITIES	
8	Activity Overview
9	Articles Review
10	IFSP Information
11	Family Interview
12	Evaluation
13	Processing the Evaluation
14	Family Wrap-Up
15	IFSP Team Process

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Sample Timeline for First Semester Team Activities

WEEK	ACTIVITY
1	Interview team members regarding their discipline
2	Review/rewrite an assessment report
3	Family Story Assignment; Due at seminar week of ______
4	Work on Case Study
5	Multicultural Activity
6	Read fiction assignment
7	Preparation for play-based assessment
8	Planning for play-based assessment
9	Carry out play-based assessment with child
10	Prepare team portion for fiction discussion
11	Team Process preparation for (date) seminar
12	Team Process preparation continued
13	Thanksgiving Week-- OPEN
14	Team Debrief after (date) seminar presentation
15	or Team Debrief this week

Learning Tool #1: Team Interviews

What Will Be Learned

Team members, representing a variety of different professions, interview each other in order to get acquainted and learn about the training and experiences each trainee brings to the group. This activity assists future professionals to learn the similarities and differences across the different fields involved in early intervention. This information influences team decisions made about the roles and strengths each member may bring to subsequent team activities.

How Long Will It Take

45-90 minutes

What You Will Need

- Handout: Team Member Interview Guidelines
- Location suitable for an uninterrupted discussion
- Optional: flip chart and markers for a group sharing session

Instructions

Before you begin:

The team members are asked to gather for an informal discussion. If this is being done as a separate activity outside of the regularly scheduled time, the members must find a time that is available for everyone. Individuals are assigned to groups for this activity so that a variety of disciplines are represented in each team. The facilitator should make copies of the Interview Guidelines handout for all members of the team to have prior to their discussion.

During the training:

The staff facilitator introduces the activity to the teams. Students are provided with possible questions to consider during the interviews, though additional questions may be added as the interview evolves. Team members are encouraged to discuss and reflect on the information gained and the impact this may have on early intervention practice. The facilitator guides the teams in reporting information from the team discussion that was surprising or new to members of the group. Each team may choose to select a spokesperson if a sharing session is planned for a corresponding seminar.

Follow-up:

It may be useful to reinforce the findings from this activity as they apply to early intervention practice in other learning units. At a later seminar, small groups of specific disciplines may be given time to discuss how one particular discipline addresses a certain issue (e.g., promoting independence).

Trainer's Notes

Trainees may be surprised at the overlap in professional training across disciplines as well as the scope of different disciplines in practice. It may be helpful to assist trainees in addressing the methods for collaboration in service delivery and how that collaboration is more effective if there is an understanding of a wide variety of disciplines. Some trainees have felt that this activity would be more useful later in the semester since not all students have a clear sense of how their own disciplines function and may find it awkward and embarrassing to realize this in front of a new group of people.

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Bricker, D., & Widerstrom, A. (1996). Preparing personnel to work with infants and young children and their families: A team approach. Baltimore, MD: Paul H. Brookes Publishing Co.

The Council for Exceptional Children (CEC) (1995). What every special educator must know: The international standards for the preparation and certification of special education teachers. Reston, VA: Author.

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Team Member Interview Guidelines

- What type of education and training is required to practice in your discipline?

- What does your discipline do in general and within the context of working with people who have developmental disabilities?

- What are the credentials needed to practice in your discipline?

- What is your background with children and families so far?

- What was your motivation for choosing your particular field?

- What does your discipline have in common with others on your team?

- What skills are unique to your discipline?

- What do you expect/want to learn from your trainee experience this year?

- Is there anything else you want to share about your profession?

Learning Tool #2:
Critique of Clinical/Medical Reports

What Will Be Learned

Through the process of group discussion, team members gain insight into how each discipline documents their assessment findings. The experience guides the group in looking at documentation from the viewpoint of the family as well as addressing the need for clarity and accuracy. Students learn how to apply "people first language."

How Long Will It Take

60-90 minutes

What You Will Need

- Client reports without identifying information
- Handout: Team Guidelines for Report Review/Rewrite
- Handout: How Words Create Images

Instructions

Before you begin:

The facilitator selects reports that are timely for issues being discussed in the training project (e.g., initial diagnosis), illustrate the use of jargon, and relay information in an insensitive manner. The page-length of a report may also be of importance for either logistical purposes within the training or as part of a concern about the delivery of information.

During the training:

The facilitator provides teams with sample reports, guidelines for reviewing the reports, expectations for an oral discussion and a written assignment. The trainees discuss the variations in report writing styles by professionals and particular disciplines and share what they have been taught in their departments. The team then rewrites the report to make it family-centered and understandable to a wide number of professionals.

Follow-up:

The staff facilitator reviews the rewritten document and returns it to the students with comments.

Trainer's Notes

This activity can be difficult since students have been taught highly specific strategies for report writing within their departmental training program. In a sense this activity asks them to forget what they have learned for a moment in order to open themselves up to the range of approaches for report writing. Another difficulty can be if students feel that the important information which their discipline has to share is being "watered down" just to make it family-friendly. This is a good opportunity to look at how families learn jargon and the need for professionals to teach parents certain relevant terns. One student team ended up developing a glossary of terms to accompany the report.

References

Odom, S. L, & McLean, M. E. (Eds.). (1996). DEC recommended practices [Appendix]. (pp. 379-413). In Early intervention/Early childhood special education: Recommended practices. Austin, TX: Pro-Ed, Inc.

Team Guidelines for Report Review/Rewrite

Your team will read and rewrite a report of an evaluation of a young child. You can choose to read the report together as a group or read it prior to coming to your group meeting.

I. During your discussion (after reviewing the report), consider the following questions. You can use this as a worksheet for recording your team's responses to the report.

1. What information did you gain from reading this report?

2. How was the child portrayed? How was the family portrayed? Was family-centered language used?

3. What disciplines were included? Was the report useful to a single discipline only, or could several disciplines benefit from this report?

4. What were strengths of this report? Weaknesses? What would you have done differently?

5. What did you learn about the child's disability?

6. What did you learn about the family's strengths?

7. Was there information in the report that would be useful to your discipline?

8. Any other comments welcome!

II. Rewrite the report using language that is child and family-centered. Weigh the impact of the words you select. Consider the use of people first language.

How Words Create Images

Barbara Hanft

A picture is worth a thousand words; yet our choice of words creates images that often lead to expectations and stereotypes of people and their behavior. This exercise stresses how words can create negative stereotypes of individuals with disabilities, and suggest alternatives. General guidelines are offered to help choose words that emphasize the person, not his or her disability.

Persons with disabilities, and their families and friends, are particularly aware of the stereotyping attitudes that may be conveyed by the words and phrases we use to describe people. Words convey powerful personal images that can be positive and supportive, or negative and destructive. When people are labeled, the labels perpetuate prejudice and misconceptions by creating expectations for behavior. All people need and deserve understanding and respect. An individual with a disability is a person first - with his or her unique abilities, attitudes, beliefs, and behavior. A disability, rather than defining a person's entire existence, creates challenges, and at times a need for information and assistance from others. Most people do not have to adapt their daily lives to these extra challenges and relationships.

Guidelines

The following guidelines can help us choose words that convey positive images of persons with special needs.

- Refer first to the person, not the disability. John is a person with learning disabilities; he is not "learning disabled."
- Avoid grouping individuals together into categories such as "the handicapped," "the blind," or "the retarded."
- When describing a person's disability, avoid labels, abbreviations of labels, and acronyms. "He's CP" implies that a child's entire existence is defined by his diagnosis.
- Avoid all terms that convey images of pity or revulsion, such as "victim," "stricken," or "afflicted." Also avoid less obvious negative terms, such as "recipient," "client," or "patient," because they convey images of people as objects or categories, needy of help.
- Language that refers to "normal" functioning implies that a person with a disability can only be considered "abnormal." Refer to a "person without a disability," rather than a "normal" person.

The guidelines listed in this article are based on Jargon and Acronyms *by Jane Bubar (available from the Maine Developmental Disabilities Council, State House Station #139, Augusta Maine) and* Portraying People with Disabilities *(available from the National Easter Seal Society, 2023 West Ogden Avenue, Chicago, Illinois 60612)*

From: Hanft, B. E. (1989). How words create images. In B. E. Hanft (Ed.), Family-centered care: An early intervention resource manual (pp. 2-77-2-78). Rockville, MD: American Occupational Therapy Association, Inc. Reprinted with permission.

Learning Tool #3:
Family Story

What Will Be Learned

Teams develop a short family story which addresses an assigned theme. This activity provides an opportunity to address an area of practice that can be challenging and to examine a variety of perspectives related to the scenario. The activity also gives trainees a chance to take on a teaching role by presenting their family story to the seminar group and leading a discussion of it.

How Long Will It Take

2 hour preparation session
Seminar presentation time: 45 minutes per group

What You Will Need

- Handout: Team Guidelines for Family Story Assignment
- For the team presentations: overhead projector, flip chart and markers, etc.

Instructions

Before you begin:
The project staff determines the topics that will be assigned to the teams. The topic can be assigned to correspond with seminar discussions. Suggested topics include the following: cross-cultural issues, teaming issues, and nonstandard therapies. All teams are required to hand-in their completed stories to the project staff on a specified date early in the semester. Copies of each story are made, so that all students have all stories to read. Then throughout the semester, teams present their stories in seminar. For example, the team who writes about cross-cultural issues, would present their story in the seminar which has the same topic as the primary focus.

During the Training:
Students are asked to come to the front of the room and lead a discussion on the story they wrote. The discussion is intended to go into more depth than the story and especially explore the implications for practice. Teams are encouraged to be creative and may develop a skit, role play or interactive activity to enhance the learning process. The students from outside of the team, are provided an opportunity to ask questions and feedback to the team about the presentation.

Follow-up:
Project staff provide feedback to teams on their written family story and their presentation.

Trainer's Notes

The trainer may choose different topics for the family story assignment depending on issues of greatest concern. Other trainee teams can assist in reviewing the presentations using a written feedback form, if desired. This activity serves several purposes including: how to express family challenges in a family-centered tone; group process to develop a story and plan for presentation; and consideration of how seminar content directly relates to families with young children with special needs.

References

Bricker, D., & Widerstrom, A. (1996). Preparing personnel to work with infants and young children and their families: A team approach. Baltimore, MD: Paul H. Brookes Publishing Co.

McWilliam, P. J., & Bailey Jr., D. B. (Eds). (1993). Working together with children & families: Case studies in early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Team Guidelines For Family Story Assignment

Your team will develop a two to four page family story or "case study" which identifies an issue related to your theme. The family story will include: information describing the family and the child's disability, a description of relevant service information and a description of an issue which affects the family and possibly their service providers. Since your team will be creating the family and their story, consider using examples from past experiences with different families or feel free to be creative. The family story should not contain actual names. You can use fictitious names or initials.

After the family story has been written and finalized, develop four to six questions for group discussion during your seminar presentation.

An example family story follows.

Example of a Family Story/Case Study and Discussion Questions

The Johnson family lives in an apartment in a small east coast city. Family members include Joann, the mother, who is 29, and her two children, Ian, six, and Josh, three. Ian is a happy, easy going child, and seems to be learning more slowly than other six-year-olds, but he just completed a year in regular kindergarten. He was late in walking and did not talk until almost age three. He received Birth to Three and Early Childhood services. Because of some concerns about his abilities in kindergarten, he will be evaluated at school before first grade. His mother is concerned about what will happen as a result of this evaluation. The children's father, Frank, 44, no longer lives in the home, but lives in a town nearby. The parents separated about six months ago due to issues of family violence. While Joann is the primary caretaker, the children see their father twice a month on weekends for a day. Joann is self-employed and often needs to work at home, or late afternoon and evening hours.

Ian has had special needs since birth, he had complications with breathing, and early feedings. Despite extensive testing as an infant, no specific diagnosis has been identified for him. His mother is considering a reevaluation at a Genetics Clinic. While the younger son, Josh, has never been identified as having special needs, he is a very active and challenging boy. He may be dealing with some of the emotional results of his family's changes and violence in the family which was directed towards him.

Ian and his brother Josh are biracial. Their mother is European-American (German/Caucasian) and their father is Chinese-American. While the family was living together, they celebrated holidays and traditions from both cultures. The children have regular contact with their paternal grandparents who live in the same city. Their mother is concerned about the children's growing racial awareness as they get older. In kindergarten, Ian was subjected to teasing and racial taunting.

On weekends, the children and their mom spend time doing errands and attending community activities. Their family time is often spent doing all the activities needed to support a single parent household. Ian, his brother and mother have become even closer in the last few months, since changes occurred in their family. They seem to enjoy one another's company and like to watch movies and do projects together.

Discussion Questions:

1. Describe what information would be important for you to know as a professional preparing to work with this family.

2. Describe what considerations you would have in working with this family based on what you know about their family characteristics.

3. Identify and describe the family's strengths.

4. Identify and describe the service or support needs that you think this family may have or that the family has identified.

REMEMBER THIS IS ONLY AN EXAMPLE, NOT AN EXACT MODEL FOR YOUR CASE STUDY AND DISCUSSION QUESTIONS.

Learning Tool #4: Multicultural Awareness

What Will Be Learned

Teams examine a series of case studies which address issues in early intervention relating to disability and cultural differences. Teams read case studies, discuss cultural issues that emerge in the case studies, and consider how a family-centered approach addresses these cultural concerns. Teams also discuss the perceptions of disability in the United States and other countries.

How Long Will It Take

2 hours

What You Will Need

- Case studies (see references)

Instructions

Before you begin:

The facilitator locates or creates several case studies concerning early intervention and multicultural issues. It is important for the facilitator to read through the case studies ahead of the training, to anticipate issues which may arise given the nature of the particular students in the group.

During the training:

Each team is provided with a case study and given time to individually reflect on the content. Teams should consider issues of trust, assumptions, values, approaches to parenting, clashes in priorities and more as they reflect on the story. Upon completion of the reflection, students share their thoughts with the team and discuss the story and its implications for practice. The facilitator may be available to answer questions, clarify the task at hand and ask probing questions if needed. It is helpful to invite individuals to draw on their own culture and experiences to maximize the benefit of this activity.

Follow-up:

Discussions of multicultural practices in early intervention can continue at a seminar and really should be an integral part of the entire training experience.

Trainer's Notes

The trainer may want to develop a worksheet, with specific questions which are relevant to the story. This will help students to remember their task and provide them with a place to jot down their thoughts. This activity can be done in conjunction with "A Cultural Journey" (1998), developed by Lynch. Students appear to benefit from the cultural content most when they are first asked to reflect on their own culture. The greatest barrier to this topic appears when students perceive racial or ethnic groups other than their own as the only ones with culture.

References

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Freel, K. S. (1996). Finding complexities and balancing perspectives: Using an ethnographic viewpoint to understand children and their families. Zero To Three, 16(3), 1-7.

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Thomas, C. (1996). Every mother has a story: An ethnographic interview project. Zero To Three, 16(3), 21-29.

Wells, W. M. (1997). Serving families who are hard to reach, maintain, and help through a universal access home visiting program. Zero To Three, 17(4), 22-26.

Learning Tool #5:
Literature Discussion

What Will Be Learned

Each team will read three short stories or a novel. The purpose of the literature discussion is to ask students to address how disability issues are presented in literature (e.g., family response to disability, experience with professionals, personal insight on disability, public perceptions).

How Long Will It Take

Time to read the literature
1 hour team preparation session
Seminar presentation time: 35 minutes per group

What You Will Need

- Handout: Bibliography of Short Stories and/or Novels
- Handout: Team Guidelines for Literature Discussion
- Parent panel to attend group discussion at seminar

Instructions

Before you begin:

The team will have an opportunity to review one of the readings during the team meeting and develop a plan to facilitate the discussion in seminar. A parent or family member of a child with a disability will also read the selection and join the discussion during the seminar. The facilitator distributes the bibliography to teams two or three weeks early so they have a chance to select and read a short story or novel before meeting as a team to discuss the reading.

During the training:

During the team meeting time, students are given guidelines and discussion questions for this activity. The students may need support in examining the story, looking for metaphor, understanding its relevance to the overall content area of working with families and answering the discussion questions. It is important to encourage all team members to participate.

Follow-up:

At seminar, the student teams rotate in leading a discussion on the story or novel which they have read. A parent panel is invited to participate in the discussion. The facilitator of the seminar works to keep the group on task, encourages full participation and acts as timekeeper. Thank you letters and honoraria to the families are sent after the seminar.

Trainer's Notes

Team members may have differing degrees of experience with reading and discussing literature. Staff support should be provided if the teams need assistance in discussing the stories. The seminar component of this activity is most successful in a group of 8-12 students. If attempted with a larger group, it is recommended that the group be divided. During the seminar, some students will focus on a description of the story itself. It is important to move beyond the descriptive and delve into the implications for their future practice, in order for this activity to be a worthwhile use of time.

References

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Quicke, J. (1985). Disability in modern children's fiction. Cambridge, MA: Brookline Books.

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Crossley, R., & McDonald, A. (1984). Annie's Coming Out. Great Britain: Penguin Books.

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Featherstone, H. (1978). A difference in the family. New York: Basic Books.

Greenfield, J. (1972). A child called noah. New York: Holt, Reinhard, Winston.

Hockenberry, J. (1995). Moving violation: A memoir. New York: Hyperion.

Janover, C. (1988). Josh: A boy with dyslexia. Burlington, Vermont: Waterfront Books.

Kaufman, B. N. (1976, 1994). Sonrise. New York: Warner Books, Inc.

Keyes, D. (1966). Flowers for algernon. New York: Harcourt, Brace & World, Inc.

Maurice, C. (1993,94). Let me hear your voice. London: Hale.

Medoff, M. (1980). Children of a lesser God: A play in two acts. Clifton, New Jersey: J. T. White.

Miller, S. (1990). Family pictures. New York: Harper & Row Publishers.

Nolan, C. (1987). Under the eye of the clock. New York: St. Martin's Press.

Sacks, O. (1989). Seeing voices: A journey into the world of the deaf. Berkeley: University of California Press.

Sienkiewitz-Mercer, R., & Kaplan , S. B. (1989). I raise my eyes to say yes. Boston, MA: Houghton Mifflin.

Walker, L. (1986). A loss for words: The story of deafness in the family. New York: Harper and Row.

Team Guidelines for Literature Discussion

Some ideas to assist you in preparing your section of the discussion are listed below. Your team is not limited to these questions, and in fact, you should generate other discussion questions and use those that are most relevant for guiding the discussion of your assigned section during seminar.

Possible Discussion Questions:

1. Is the information in the reading dated? Are any perspectives still accurate today?
2. What are the implications for practice?
3. Are the services the family receives considered family-centered?
4. How did you react to the professionals in the reading?
5. What did you learn about the child's disability? Are the perspectives the same today?
6. What is the main emotional tone of the reading?
7. How isolated or well-supported is this family?
8. Was your discipline represented? How were your discipline and other disciplines characterized?
9. Would you recommend this reading to families or other professionals? Why or why not?
10. Any other issues or topics the reading may have raised that you would like to discuss.

During your team time, determine the format you would like to use for your section of the discussion (each team will have approximately 35 minutes). Develop guiding questions for the discussion, determine what role each individual will take and prepare handouts if relevant.

Learning Tool #6:
Play-Based Assessment

What Will Be Learned

In this activity, students learn about the use of play-based assessments and how this style of assessment is carried out with both the family and child as active participants in the process. Teams then work collaboratively to carry out a play-based assessment of a young child who is typically developing.

How Long Will It Take

Three 2-hour sessions:

Week 1 - Receive the assignment
Week 2- Plan the assessment
Week 3- Carry out the assessment and process outcomes

What You Will Need

- A family with a young child
- Description of the assignment (see attached)
- Up-to-date resources
- A location for the evaluation
- Access to toys and other equipment or materials
- Handout: Team Guidelines for Play-Based Assessments

Instructions

Before you begin:

The staff facilitator identifies a child and family who can be available for each team. The family may be someone who has an interest in participating in training and a willingness to give input to the process. (Often project or building staff have volunteered for this activity.) While the assessment focuses on the child, it is important for the parent/guardian to be present, since a parent interview is a component of this activity. However, alternative arrangements can be made to get additional information from parents if a child is being seen with a teacher or other care giver. Teams are provided with a written description of the activity (see attached) and of the child and family.

During the training:

A staff member with experience in play-based assessments serves as a resource to the teams throughout this process. The training is in three parts.

Part One: Students read through the assignment and begin to plan what materials they will need, using the books and assessment tools referenced in this section. Students also view video tapes on assessments with very young children.

Part Two: The students develop an assessment plan during the second meeting time, based on their review of the material. The staff facilitator can provide guidance in terms of key areas of development, ensuring that a family interview is incorporated and logistical details (e.g., location for the assessment, videotaping., corresponding with the family) are set. The students are encouraged to discuss their assessment plans with their discipline supervisors for details on what a specific discipline would look for, given the age of the child.

Part Three: The actual assessment takes about one hour and involves all team members, and the child and parent (or care giver). The exact format will be highly individualized, based on the plan the team develops. The primary criteria are that the assessment be family-centered, (including a parent interview), play-based and interdisciplinary. The session is videotaped.

After the assessment is completed, the team is given an hour to discuss their reactions to the assessment. Did it go as planned? What changes needed to be made along the way and why? Did the parent seem comfortable about the process? If you were doing this again, what would you repeat and what would you change?

Follow-up:

The students are encouraged to view the video at a later date, when they have more distance from the experience and can bring new insights into the review of the evaluation. Students and staff typically write and send thank you letters to the families who participated in the activity. If funds are available, families may also receive an honorarium to acknowledge their time and expertise. This experience also serves as a precursor to an assessment of a child with special needs during the second semester team activities.

Trainer's Notes

Students may have differing degrees of experience with assessment in general or play-based assessments. Staff support will be helpful in guiding the team in developing their own roles and including everyone in the activity. After implementing this activity for several years with a young child with special needs, it was decided that using a child who is typically developing would afford the students a better opportunity to be grounded in typical development. Many students lack training in typical child development upon entrance to this training program. Project staff have found that a solid grounding in typical development is critical to understanding children with special needs.

References

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Linder, T. W., & Newman, R. S. (1995). And you thought they were just playing. [Videotape]. Baltimore: Paul Brooks Publishing Co.

Meisels, S. J., & Fenichel, E. (1996). New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three.

Odom, S. L., & McLean, M. E. (1996). Early intervention/Early childhood special education: Recommended practices. Austin, TX: PRO-ED, Inc.

Videos to Support this Activity

The Blumberg Center (1987). Cognitive development [Videotape]. (Available from The Blumberg Center, North Dakota Department of Education, South Dakota Department of Education and Cultural Affairs. The video is available in English and Spanish (manual only available in English), and is closed-captioned.)

Media Resource Center/Meyer Rehabilitation Institute (1990). Learning through play: Strategies for Infants (The set includes three videos: Birth to 5 months, 5-8 months, and 8-12 months). (Available from Media Resource Center/Meyer Rehabilitation Institute, Omaha, NE)

Project Enlightenment(1989). First years together: Involving parents in infant assessment [Videotape]. (Available from Project Enlightenment, Wake County Public School System, Raleigh, NC)

Virginia Institute for Developmental Disabilities (1993). Interdisciplinary teamwork: A team in name only/becoming an effective team [Videotape]. (Available from Virginia Institute for Developmental Disabilities, Virginia Commonwealth University)

Young Adult Institute (1987). Emotional development [Videotape]. (Available from Young Adult Institute, New York)

Young Adult Institute (1987). Language development (Spanish version). [Videotape]. (Available from Young Adult Institute, New York)

Young Adult Institute (1987). Motor development (Spanish version). [Videotape]. (Available from Young Adult Institute, New York)

Team Guidelines For Play-Based Assessment

Your team will be responsible for conducting a play-based assessment of a typically-developing child between the ages of birth and five. (Next semester, your team will be doing a similar evaluation of a child with special needs.) Components of this assignment to be covered at team meetings include the following:

Meeting 1: Staff will provide information about the child you will be assessing. Meet with your team members to begin planning the evaluation and review the process of information gathering through play. Consider and decide roles for each member and information you want to gather about the child. Staff will provide teams with references and assessment tools if needed.

Meeting 2: Think about what information you are interested in collecting about this child (i.e., what are your assessment questions). Keep in mind the child's age and the range of developmental expectations for this age. Plan specific evaluation activities and assign responsibilities. Write up a brief (one page) description of your schedule or plan to be turned into the staff person working with your team. Review toys and specific materials to be used and make plans to gather materials needed for assessments and note taking. You are encouraged to call the family and inquire about the child's learning preferences, favorite toys and so on.

Meeting 3: Your team will conduct the assessment and a staff person videotape it. After the session, you will review the findings of the evaluation, your team process, and the effectiveness of your assessment plan. A staff person will be present to help facilitate your discussion.

Learning Tool #7: Team Process Presentation

What Will Be Learned

Teams give a presentation on the development of their team over the course of the semester. Presentations are designed to include both project descriptions and reflections on the process the team experienced in working together.

How Long Will It Take

2 hours, preparation
45 minutes, presentation

What You Will Need

- Handout: Team Guidelines for Process Presentation
- Handout: Team Process Presentation Feedback Form
- For presentation: VCR/player, overhead projector, slide projector, space for a skit or role-play, flip chart and markers, etc. (varies by team)

Instructions

Before you begin:
Teams will have completed Learning Activities #1 through #6, prior to this activity.

During the training:
The team should read over the guidelines for the team process presentation (see attached). Teams are encouraged to be creative in their presentations. Examples can include a skit portraying their activity; a presentation with overheads and slides; a collage, or visual timeline with pictures and graphics. Teams may invite the parents from the play-based assessment to come in and participate or observe the presentations.

Follow-up:
Peer feedback is an important component of this training project and therefore, each trainee completes a Feedback Form (attached) for the presentations they observe. Staff members also complete feedback forms.

Trainer's Notes

The presentations have ranged from superficial reporting of events to incredibly thoughtful, in-depth explorations into team roles, personal strengths and weaknesses and team dynamics. Sometimes the most exceptional presentations are from the teams which struggled the most with the teaming component. This presentation activity is most successful when students feel comfortable enough to be candid in front of a large group.

References

Garland, C., & Frank, A. (1997). Building effective early intervention teamwork. In P. Winton, J. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in early intervention: Issues, models, and practical strategies (pp. 363-391). Baltimore, MD: Paul H. Brookes Publishing Co.

Tuchman, L. I. (1996). The team and models of teaming. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Tuchman, L. I. (1996). Team dynamics and communication. In P. Rosin, A. Whitehead, L. Tuchman, G. Jesien, A. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Team Guidelines For Process Presentation

Your team will meet to discuss what you have learned during the semester about your team functioning. You have an opportunity to honestly share with each other and to organize a presentation regarding your activities to share with the larger seminar group.

This presentation will incorporate personal reflections with information given in seminar and readings on team functioning and roles. Goals for yourself and your team for the next semester will also be identified. Information on content learned during team activities can be incorporated or used as examples. This presentation will provide the groundwork for a paper due at the end of second semester on the process of interdisciplinary teaming. Consider including:

- Your team's process for the semester's activities
- The team's strengths and struggles
- Individual roles played on the team
- Goal setting for next semester's team activity

Team Process Presentation Feedback Form

Team: ______________________________

1. What are the three points that stood out for you from this presentation?

2. What applications for professional practice came from this presentation?

3. What was a high point of this presentation?

4. What would have made this presentation better or more useful to you?

Sample Timeline for Second Semester IFSP Activities

WEEK	ACTIVITY
1	Review assignment, family information, review timeline
2	Literature search
3	Discuss literature findings, investigate IFSP/IEP resources materials
4	IFSP/IEP process discussion continued, role assignments for team members
5	Plan interview
6	Family interview
7	Plan for evaluation
8	Evaluation
9	Debrief evaluation, review video, prepare written findings
10	Spring Break
11	Family Wrap-Up
12	Discuss team process, write individual papers
13	Prepare for seminar presentation. Reminder seminar runs later that evening.

Learning Tool #8:
Activity Overview

What Will Be Learned

This activity is intended to provide the student teams with an opportunity to review the written protocol for the Spring semester activity. In reviewing this document, students learn about each aspect of the activity and draft a corresponding timeline.

How Long Will It Take

60-90 minutes

What Will You Need

- Handout: Overview of Second Semester IFSP Activities (see previous page)
- Handout: Trainee Team Activity
- Handout: The Seven Service Coordination Responsibilities

Instructions

Before you begin:
The facilitator distributes the second semester activity guidelines before teams meet so individual team members can review them prior to meeting with their team.

During the training:
Staff members should answer the teams' initial questions about the activity and ensure that teams develop realistic timelines. Teams should also consider the team's goals set at the end of the previous semester.

Follow-up:
Teams should be encouraged to adhere to their timelines or make appropriate adjustments.

Trainer's Notes

Some team members may be overwhelmed by the multiple components of this activity. Staff members should assist teams in developing a timeline that reflects how the multiple components of the activity can be accomplished during the semester.

Videos to Support this Activity

Kennedy Krieger Institute/Project Copernicus & Department for Individual and Family Resources (1993). Family and the IFSP process: Training in family-centered approach [Videotape]. (Available from Kennedy Krieger Institute/Project Copernicus & Department for Individual and Family Resources, Baltimore, MD)

Media Resource Center/Meyer Rehabilitation Institute (1990). IFSP [Videotape]. (Available from Media Resource Center/Meyer Rehabilitation Institute, Omaha, NE)

Project Enlightenment (1989). First years together: Involving parents in infant assessment [Videotape]. (Available from Project Enlightenment, Wake County Public School System, Raleigh, NC)

SKI*HI Institute (1991). Family focused interview [Videotape]. (Available from SKI*HI Institute, Logan, Utah)

Wisconsin Department of Health & Family Services, Birth to Three Program. Because the first three years build a lifetime: A four video set [Videotape]. (Available from The WI Department of Health & Family Services, Birth to Three Program. Hmong, Spanish and closed-caption copies of the Getting Started video are also available.)

Woods Cripe, J. J. (1995). A family's guide to the individualized family service plan [Videotape]. (Available from Juliann J. Woods Cripe, Kansas University Affiliated Program at Parsons)

Trainee Team Activity

Spring 1998

The Individualized Family Service Plan

Introduction

In the Spring semester, students will work in their interdisciplinary teams to complete one multi-step activity. The following document outlines in detail the components of the assignment. Staff are assigned to meet with teams and assist students further as needed.

The object of this activity is for students to plan, implement and evaluate the Individualized Family Service Plan (IFSP) process by working within an interdisciplinary team which includes a family with a young child. While all Birth to Three programs use an IFSP, most Three to Five programs use an Individualized Education Plan (IEP). For the purposes of this activity, all families and students will use an IFSP process, regardless of the child's age.

Each team is responsible for working with a family with a young child as part of this training IFSP. Student teams have been given the name, phone number and address of the family and diagnosis of the child. You may want to have each team meet with their family as part of their final meeting in the fall as a social contact to make introductions.

This activity is intended to include all of the factors that a provider in the field would need to address. It is important to recognize, however, that at certain points in this activity we have asked students to do certain things which a provider in the field may not do. This variation from actual practice has only been made when staff believed that for the purposes of training, slight changes should be made to enhance the learning of each team member.

Teams are expected to use their weekly team times for work on this project. As each stage of this assignment is completed, a short summary of activities should be written and given to the staff person supervising the team. The final IFSP document will be due prior to the team presentation in seminar.

Below is a detailed outline of the scope and sequence of this activity. Dates for completion and submission of assignments are included in a chart at the end of this document. Students are encouraged to use creative thinking to embellish this outline.

I. Initial Team Planning Meetings:

Before students contact the family, they will spend a few meetings planning the IFSP process. The following four meetings will prepare students to enter into the IFSP process:

A. Set Timelines

In a preliminary meeting, students will review the assignment, set timelines and arrange any structure or process to reflect the "end-of-the-semester" goals set in December.

B. Review Roles

To help each student in reviewing and feeling more confident in the role of their individual discipline, students will watch a videotape during this meeting time. The tape will include play activity and routines of a young child. Staff will bring this tape to the team meeting. Students will watch the tape and reflect on the following questions:

1. What aspects of the child's development are you specifically drawn to observe?
2. What other types of information might each person be interested in receiving from parents or other caregivers that will help them to understand this child's development or skill level?

Reflecting on this information should give students a sense of what role each of them will take when conducting the team assessment of a child with special needs.

C. Literature Search

Each team will be responsible for locating three current articles (1993-1998) in the professional and/or research literature that discuss: 1) evaluations/assessments of children with disabilities, 2) working with families or other relevant family issues, and 3) diagnostic information relevant to the child (e.g., metabolic disorders, nutrition, autism, Down syndrome). This search should extend beyond materials that might be available to students from the child's records or the family. Examples of possible articles include: discussion of current trends in evaluation or intervention, certain areas of disabilities, family perspective on evaluation and assessment, and delivering information to families during assessments. Students should not feel limited by these examples, but rather they should plan within teams for topics of interest. The information in these articles will be briefly summarized and included in the seminar team presentation.

D. Knowledge of the IFSP

Teams have been provided with a resource file with sample IFSPs, articles, and other relevant resources. As a first step, team members should become knowledgeable about the IFSP process through reviewing this file. Videotapes are also available for further learning.

Once students are familiar with the IFSP process, team members will work to identify team member roles. For students who are still learning about their own discipline, keeping their discipline role for this activity is suggested. For students who feel confident in their discipline role, this is an opportunity to stretch and take on a role not played before (e.g., a PT might decide to be the service coordinator). In choosing team roles, it will be natural to have considerable discussion about what each of those roles means within the context of the IFSP. Students must keep in mind the varying levels of experience of individual team members and give consideration to how roles are assigned. For example, a new learner should not automatically be given a less visible role; this is an activity intended to challenge *all* students.

E. Specific Plans for the Evaluation

Student team members will next meet to learn about approaches to assessment and evaluation which are appropriate to young children. Students should have some information on this topic already from the Fall play-based assessment activity. There are other approaches to assessment and evaluation and it is part of this assignment to consider what approach(es) to use. Students should remember that the tool(s) used will assist in gathering information which will later be needed in developing goals and objectives for the child. (See Chapter 8, Bricker & Cripe, included in team packet.)

Students should discuss whether the child they are preparing to evaluate has specific augmentative and alternative communication needs. Teams can consult with the assistive technology specialist on staff for input on how to best accommodate those needs during the evaluation.

The team, including the family, will decide when the evaluation will take place and decide roles for the various members. It is suggested that the evaluation date be set early enough in the semester to allow sufficient time to compile and analyze information and findings.

F. Preparing for the Family

Before students make contact with the family, they should prepare in several ways. First, students will be given the name of the child's disability (or possible diagnosis) and will find articles or books about the disability to share with one another. This should have been completed as part of the work in an earlier team meeting, (literature search, Part C). Having knowledge on the specific disability will prepare students to work on the IFSP with the family. Second, students will be told of the family's cultural background, and should make sure that they obtain a basic knowledge about that culture as it may pertain to the family with whom they are working.

A family interview will be developed as a tool for building a partnership between the students and family. The family interview will also give students information about the strengths, priorities and needs of the families. The student team can develop their own interview questions, or choose from numerous tools available.

Student team members should develop a feedback form to be filled out by families. The focus of this is to allow families to provide structured feedback to the team on their perceptions of their experiences in the process. Questions should be included about each phase of the experience which allow the family to reflect on what is going well or not going well about the process. This form will be completed and returned by families after they have received the written report from the team evaluation (see section 4, part B). Time should be allowed at the IFSP meeting for families to provide verbal feedback, as well.

II. Family Interview:

The first meeting with the family will be to discuss their concerns and develop goals for the evaluation. Staff will be present for supervision but will not take a major role. The team should include time for debriefing with staff after the family interview.

A. Opening Communication/Phone Contact

- Initial contact can be over the phone to set up a meeting time.
- Explain who the team members are and reason for the call; ask family for suggestions for meeting time.
- Share basic information and explain the purpose of the activity.

B. Initial Meeting/Face-to-Face Meeting With the Parents

The entire team may attend, or a few members who will share information with the team later on. One person acts as the facilitator, though this may not be the model an actual EI program would use. This session can be videotaped if consent is obtained from the family. The facilitator may include the following questions and information in this interview with parents:

- Explain team member roles, who will need to participate in the evaluation phase and what areas of development they will be considering
- Thank the family for taking the time to do the interview with the team
- Begin with open-ended questions about the family's concerns regarding their child
- Ask the family to share information about family composition, siblings, important people in child's life
- May ask parents' perspective about pregnancy, birth and early development, health history
- Ask parents to share how a typical day goes with their child (e.g., favorite activities, what are the child's strengths, what are challenging times)
- Ask where and when their child will be most comfortable for evaluation (home, day care, out of house, etc.), who should be present, what will give the team the best picture of their child during that short time
- Ask about special considerations (e.g., number of people, anxiety around strangers, difficulty with certain toys or materials, things to avoid, things to include, does child tire easily, etc.)
- Ask the family if there is anything more they would like to share
- Ask about convenient times for evaluation and meetings to continue the process
- Discuss videotaping the evaluation and wrap-up session with the family

III. Interdisciplinary Team Evaluation:

Specific planning will be needed to determine what information the team is interested in collecting and to determine the type of evaluation, format, and roles of team members for the implementation of this interdisciplinary evaluation.

Evaluations can be in any setting (e.g., day care, home, clinic, or school) and at a time that is best for the family and child. Students may also choose to evaluate a child over several visits. Typically, evaluations take between 60-90 minutes. Students should think about possible measurement tools and interview questions that best suit the child and the areas to be addressed. Students should determine who will implement each component of the evaluation. Students should be sure to include their staff supervisor in finding a date for the evaluation. A staff member will attend the session and can videotape for the group.

Students will conduct the evaluation with the child and his/her family. The session will be videotaped and reviewed by the student team.

IV. Processing The Evaluation:

This is a good time to remember that this is a training experience, therefore some of the procedures are slightly different from how they would be in practice. Ordinarily, this meeting would include the family. However for training purposes, the student teams are meeting alone to give the team extra time to process the evaluation findings.

A. Review Videotape

Before reviewing the tape, the student team discusses what they intend to learn from the tape. It might be helpful to list the team's questions before watching the video. Below are some suggested questions to consider:

- What aspects of the child's level of development will be the focus?
- Will the team be examining the interaction of team members?

Students review the videotape from the interdisciplinary evaluation together. The review involves a careful examination of the child's behavior, skills and coping mechanisms. It may help to take notes so that the team can use the videotape information for the IFSP process. The student team members might consider reviewing the Toni Linder (or other similar) materials for age-appropriate skill-levels. Students also observe the team's behavior, skills and coping mechanisms. The team might want to take notes on this aspect as well, for immediate reflection/discussion and in preparation for the end-of-the-project paper and presentation.

B. Team Meeting to Share Evaluation Findings & Plan for the Individualized Family Service Document

At this meeting, the student team members will have the opportunity to share their evaluation findings. Students should arrive at the meeting with photocopies of findings to give to other team members. After the team members share the findings, the team will use the information to develop an Individualized Family Service Plan (IFSP) document, which will include the child's present levels of development and team recommendations. Students may want to seek out additional information for needed resources or suggestions based on evaluation findings.

At this meeting, the team members can discuss and plan how information will be shared with the family and who will be responsible for each piece of the IFSP meeting with the family.*

The team assignment includes **writing an interdisciplinary report that addresses all areas of the child's development, history information, family concerns and priorities, and team recommendations.** This report will help all team members, including the family, to detail goals and objectives for the IFSP. Students should remember to reflect back on what is considered best practice in writing family-centered reports as discussed in the fall semester. Students should obtain staff input on the report before sharing the document with the family.

**These steps in the evaluation process are not reflective of best practice as they do not include the family, but are set up this way for the purposes of this training experience.*

V. IFSP Meeting:

The students will meet with the family to make initial recommendations and suggestions and to develop the IFSP document. Because it is not always possible for teams to debrief immediately after this visit, this session is videotaped and students need to schedule a later time for reviewing the tape and receiving staff feedback.

A. Schedule Meeting

Students will call family and set up a time that is convenient for them to meet with the team (it may be helpful to get available times from team members first to alleviate numerous phone calls).

B. Discuss Findings With Family

Students should be aware of highlighting strengths specific to the child and family. The family can be asked if they agree with the findings presented and if this is an accurate portrayal of their child. This may be an emotionally difficult time for the family. It helps if the student team members are emotionally supportive and/or acknowledge the parents' emotion. Consider what positive, supportive statements the team members might make (e.g., positive outcomes from early intervention, team can be available to assist the family in finding resources that may be helpful).

C. Family Direction

Students should ask the family's opinion about which direction they would like to move in next. They may share the student team's perspective of what a service plan for the child might look like. The students should remember to gather information about the resources that are available to the family at this time.

If the child is receiving early intervention services, the family can be asked to describe them. Do these services reflect some of what the team may have recommended if it were to proceed in working with this child and family? It is important to consider the community in which the family lives and what the available services are for them without making judgements about the appropriateness of the family's current services.

D. IFSP document

Send a copy of the finalized IFSP to the family for their review in completing the feedback form.

VI. Student Team Process:

This part of the Team Assignment is both a collaborative and individual activity.

A. Team Process Discussion

As a group, the team will meet to discuss the dynamics of the team, now that the project is nearly completed. Students need to consider all the team has learned about teaming over the course of the year. (The team may want to keep written notes about teaming issues and insights as they go through each step of the project).

B. Service Coordination Summary

As a group, the students will write two or three sentences to describe how the team met the seven service coordination requirements for the family (see attached).

C. Individual Paper

Each student will write a two or three page paper that describes their team. This paper should integrate student reflections of the core curriculum on teaming. The paper should examine the type of team, stages of team dynamics, roles individuals played and how learning styles enhanced or hindered team progress. Citations to the readings should be used when appropriate. Team members should reflect on what practices would be repeated in a subsequent evaluation opportunity and what practices should be changed, difficulties encountered and the strengths of the team. Students can be free to use individual team member names for purposes of clarity, as all papers will remain confidential.

VII. Seminar Presentation:

Each team will discuss the process and content of this activity with the group. Details about group process and actual information learned should be organized into this presentation. Involving all team members in the presentation is important. The team will invite the family to this presentation. Students may choose to ask the family to participate in some way in the presentation, (e.g., "What did the family learn from this experience?"). Students may choose to show footage from their videotape, use overheads to illustrate main points or findings, or pass around an actual copy of the IFSP document, which should include a description of the child's diagnosis. Handouts are often helpful for this presentation, especially when new terms are being introduced.

Other students and staff will complete a written feedback form to provide the team with presentation feedback during seminar.

Summary

The following is an outline of activities and team meeting dates. Some activities will require more than the average two hours/per week and others less. Each team is free to develop its own timeline and make adjustments as needed. Teams should note that there are no team assignments or meetings scheduled for the final two weeks of the semester. This can be considered compensatory time for use as needed in earlier weeks of the project. Each team will work with one primary staff member as a resource. Students will need to keep their staff person informed of changes in the schedule.

The Seven Service Coordination Responsibilities

- Coordinating the performance of evaluations and assessments;
- Facilitating and participating in the development, review and evaluation of Individual Family Service Plans;
- Assisting families in identifying available service providers;
- Coordinating and monitoring the delivery of available services;
- Informing families of the availability of advocacy services;
- Coordinating with medical and health providers; and
- Facilitating the development of a transition plan to preschool services; if appropriate.

From: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G. & Begun, A. (1993). Partnerships in early intervention: a training guide on family-centered care, team building, & service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Learning Tool #9:
Articles Review

What Will Be Learned

Each team is responsible for locating three current articles in the professional and/or research literature that discuss the following: evaluations/ assessments of young children with disabilities, relevant family issues, and disability-specific information relevant to the family's child.

How Long Will It Take

45-60 minutes to locate and read articles
45-60 minutes for team members to share and discuss article information

What You Will Need

- Access to computer databases (e.g., Medline, ERIC, PsychLit) and/or the Internet
- Access to professional journals

Instructions

Before you begin:
If team members are unfamiliar with reference databases or the Internet, staff members may consider providing a brief workshop or overview. The information in the overview could also include the distinctions between primary and secondary sources of information and when each should be used. This search should extend beyond materials that might be available to the team from the child's records or the family. A list of respected journals and books in early intervention, family-centered care, and disability-specific information can also be provided.

During the training:
Staff members can assist students in identifying, locating and understanding professional articles. Students should gain an understanding of the main issues that face a certain disability topic at this point in history. Examples include: What is modern medicine grappling with as it seeks to understand cerebral palsy? What is emerging in terms of pharmaceutical approaches to treatment for children with severe behavior challenges? What research is being conducted to identify the etiology of autism? A historical review of the approaches to treatment, unfolding of research and/or changes in cultural attitudes regarding a certain disability may also be valuable.

Follow-up:
Team members should refer to the information learned during this phase of the second semester activity as they progress through subsequent components of the activity. The students are expected to write up a short summary of each of the articles which they have read, with appropriate use of citations. Students briefly summarize the information in these articles and include this information in the seminar presentation at the end of the semester.

Trainer's Notes

Some team members may be unfamiliar with reading professional journals and books. This activity needs to be a stretch for the students. Journal articles are sometimes technical and difficult for a new learner, yet this activity should push students to identifying the current issues related to a certain disability or diagnosis.

References

The following journals are helpful resources to students as they complete this activity:

Algozzine, B., Thurlow, M. (Eds.). Exceptional Children. Reston, VA: The Council for Exceptional Children.

Blackman, J. A. (Ed.). Infants and Young Children: An Interdisciplinary Journal of Special Care Practices. Fredrick, MD: Aspen Publishers, Inc.

Correa, V. I., & Sindelar, P. T. (Eds.). Teacher Education and Special Education. Albany, NY: Boyd Printing Company, Inc.

Goetz, L. (Ed.). The Journal of The Association for Persons with Severe Handicaps. Baltimore, MD: The Association for Persons with Severe Handicaps

McWilliam, R. A. (Ed.). Journal of Early Intervention. Reston, VA: The Council for Exceptional Children.

Rossetti, L. M. (Ed.). Infant-Toddler Intervention. San Diego, CA: Singular Publishing Group, Inc.

Tarnowski, K. J., & Thompson, R. H. (Eds.). Children's Health Care. Mahwah, NJ: Lawrence Arlbaum Associates, Inc.

Learning Tool #10:
IFSP Initial Planning

What Will Be Learned

As a first step, team members should become knowledgeable about the IFSP process.

How Long Will It Take

60-90 minutes to review IFSP resource file
30-60 minutes to identify team member roles

What You Will Need

- IFSP resource file (see references)

Instructions

Before you begin:
Each team is provided with a resource file with sample IFSPs, articles, procedural safeguards, handouts and a listing of relevant videotapes. Team members can elect to divide the information and share their parts of the resource file with the whole or arrange a system for circulating the file among members before meeting to discuss it.

During the training:
Staff members should be present to answer questions or clarify information in the file. Once the team is familiar with the IFSP process, team members work to identify individual roles. For students who are still learning about their own discipline, keeping their discipline role for this activity is suggested. For students who are solid in their discipline, this is an opportunity to stretch and take on a role not played before (e.g., a student who has never done service coordination might decide to be the service coordinator). Team members should take on equal portions of the work and explore new content areas and roles. In choosing team roles, it will be natural to have continuing discussion about what each of those roles means within the context of the IFSP. Keep in mind the varied experiences and individual goals of team members when considering how roles are assigned. For example, a new learner should not automatically be given a less visible role; this is an activity intended to challenge all students.

Follow-up:
Team members should refer to the information in the IFSP resource file when they develop their family's IFSP during a subsequent phase of the second semester project.

Trainer's Notes

Students are often anxious to begin the actual IFSP activity by immediately discussing roles and tasks. This project emphasizes the importance of taking the time with students to review resources carefully before beginning to plan.

References

Beach Center on Families and Disability (1996). Beach center how to: Get a family-friendly IFSP. The University of Kansas: Author.

Bridges for Families (1997). Bridges for families welcoming packet. Madison, WI: Bridges for Families, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Bridges for Families (1995). Transition book for: Birth to three to five. Madison, WI: Bridges for Families, Waisman Center Early Intervention Program University of Wisconsin-Madison.

Hurth, J. L., & Goff, P. E. (In press). Assuring the family's role on the early intervention team: explaining rights and safeguards. North Carolina: National Early Childhood Technical Assistance System (NEC*TAS).

Linder, T. W. (1990). Transdisciplinary play-based assessment: a functional approach to working with young children. Baltimore: Paul H. Brookes Publishing Co.

Meisels, S. J., & Fenichel, E. (1996). New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three.

Paisley, R., Irwin, L., & Tuchman, L. (1994). Identifying family concerns, priorities & resources: information for early intervention teams. Madison, WI: Wisconsin Personnel Development Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Turbiville, V. (1997). Parent handbook for individualized family service plans. The University of Kansas: Beach Center on Families and Disability.

Turbiville, V., Lee, I., Turnbull, A., & Murphy D. (1993). The beach center on families and disability handbook for the development of a family-friendly individualized family service plan (IFSP) (2nd ed.).The University of Kansas: Beach Center on Families and Disability.

Wisconsin Personnel Development Project (1993). DPI-DHSS Preschool transition workshop: Bridging early services transition project packet. Madison, WI: Wisconsin Personnel Development Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Learning Tool #11:
Family Interview

What Will Be Learned

Team members work together to develop a set of initial questions to ask at the first meeting with the family. The purpose of this interview is to discuss the family's concerns and develop goals for the evaluation. Team members meet with the family to conduct the interview and spend time after the interview processing the information learned.

How Long Will It Take

2 hour, preparation
60-90 minutes, family interview
30 minutes, debriefing after interview
Transportation to and from site of family interview

What Will Be Needed

- Family's name and phone number to set up initial meeting
- Staff member to attend family interview with team
- Location for meeting (family's home or other convenient location)
- Transportation to and from site of family interview
- Video camera (if taping interview)

Instructions

Before you begin:

A team member may call the family to set up a time that is convenient for them to meet with the students. It may be helpful to get available times from team members to alleviate numerous phone calls. During this initial contact, the student should also explain who is on the team and the purpose of the activity. If it is decided to videotape the family interview, permission should be received from the family prior to the meeting.

During the training:

The teams develop questions they believe will help in planning the evaluation. Teams may discuss how they want to begin and end the interview, and the roles each team member will play in gathering information (e.g., question-asker, note-writer, time-keeper).

Follow-up:

Team members meet after the family interview to discuss what they learned and review the outcome. In the past, some teams found it helpful to process the interview via e-mail. This is particularly helpful when students can not meet immediately to debrief and do not want several days to pass by before they discuss their reactions to the interview.

Trainer's Notes

The staff facilitator may remind teams to ask only as many questions as they feel can be reasonably answered in a 60 minute meeting. Students should also prioritize their questions, so that if time does run short, the most pressing questions are addressed first. In the Family Mentor Experience Module of this guide, there is information about strategies for identifying, securing and retaining families for training activities. These strategies may be helpful for this activity as well.

Resources

Klass, C. S. (1996). The home visitors approach. In Home visiting: Promoting healthy parent and child development. Baltimore: Paul H. Brookes Publishing Co.

Klass, C. S. (1996). The relationships between parents and the home visitor. In Home visiting: Promoting healthy parent and child development. Baltimore: Paul H. Brookes Publishing Co.

Odom, S. L, & McLean, M. E. (Eds.). (1996). DEC recommended practices [Appendix]. (pp. 379-413). In Early intervention/Early childhood special education: Recommended practices. Austin, TX: Pro-Ed, Inc.

Turnbull, A. P., & Rutherford Turnbull, H. (Eds.). (1990). Appendix B: Guide for gathering family information through discussion. In Families, professionals, and exceptionality: A special partnership (2nd ed.). Columbus, OH: Merrill Publishing Co.

Turnbull, A. P., & Rutherford Turnbull, H. (Eds.). (1990). Communication skills. In Families, professionals, and exceptionality: A special partnership (2nd ed.). Columbus, OH: Merrill Publishing Co.

Learning Tool #12: Evaluation

What Will Be Learned

As a team, students plan and implement an evaluation of the child and family they previously interviewed. Specific planning will be needed to determine what information to collect and to determine the type of evaluation, format and roles.

How Long Will It Take

Two hours for planning session
60-90 minutes for evaluation
30 minutes for debriefing after evaluation
Transportation to and from evaluation site

What You Will Need

- Staff member to attend evaluation
- Location for evaluation (family's home or other convenient location)
- Transportation to and from evaluation site
- Access to assessment tools (e.g., toys, standardized measures, etc.)
- Video camera (if taping assessment)

Information

Before you begin:
Teams should practice a play-based assessment with a typically-developing child (Learning Tool #6) prior to this activity. Teams should refer to professional articles, books, and videos on assessment before beginning this activity. Students work with the family to determine the evaluation time, date, model (e.g., multidisciplinary, interdisciplinary, transdisciplinary). This is the time to consider: possible measurement tools and interview questions that best suit the child, the areas to be addressed, and determine who will implement each component of the evaluation. Evaluations can be in any setting (e.g., day care, home, clinic or school), at a time that is best for the family and child. Students may also choose to evaluate a child over several visits. Based on information obtained in the family interview, teams should first determine what they would like to assess and how they will go about assessing these areas.

During the training:
During the evaluation, each team member should have specific roles/responsibilities. A staff member can videotape the evaluation.

Follow-up:
Teams meet after the evaluation to debrief. Individual members can write a report of their findings to share at the next team meeting. Students examine their intended, as well as unintended, outcomes of the evaluation and discuss their reactions to the both the process and content.

Trainer's Notes

Depending on their past experiences, some teams may need staff assistance in determining developmental areas and means for evaluation. During the debriefing, it is useful for staff to provide critical feedback through asking probing questions. If the staff, for example, noticed that the students had difficulty incorporating the siblings into the activities, the staff could ask: What did you think about the siblings during the evaluation? Helping the students to identify their own strengths and lessons learned, is a crucial part of this exercise.

Resources

Johnson-Martin, N. M., Attermeier, S. M., & Hacker, B. J. (1990). The carolina curriculum for preschoolers with special needs. Baltimore: Paul H. Brookes Publishing Co.

Johnson-Martin, M. M., Jens, K. G., Attermeier, S. M., & Hacker, B. J. (1991). The carolina curriculum for infants and toddlers with special needs (2nd ed.). Baltimore: Paul H. Brookes Publishing Co.

Linder, T. W. (1990). Transdisciplinary play-based assessment: A functional approach to working with young children. Baltimore: Paul H. Brookes Publishing Co.

Parks, S. (1997). Inside HELP (Hawaii Early Learning Profile): Administration and reference manual. Palo Alto, CA: VORT Corporation.

VORT Corporation (1994). HELP family-centered interview. Palo Alto, CA: Author.

VORT Corporation (1995). HELP for preschoolers: Assessment and curriculum guide. Palo Alto, CA: Author.

Welt Garland, C., & Frank, A. (1997). Building effective early intervention teamwork. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in early intervention: Issues, models, and practical strategies. Baltimore: Paul H. Brookes Publishing Co.

Learning Tool #13: Processing the Evaluation

What Will Be Learned

Students meet to review the videotape of the evaluation for the purpose of self and team critique.

How Long Will It Take

60-90 minutes to review videotape
60-90 minutes for individual team members to prepare written summary of findings
45-60 minutes to share evaluation findings
45-60 minutes to prepare IFSP document

What You Will Need

- Access to VCR to watch tape of evaluation
- A blank IFSP document

Instructions

Before you begin:

Before review of the tape, the facilitator supports a discussion on what the team intends to learn from the tape. What aspects of the child's level of development will be the focus? Will the team be examining the interaction of team members? It might be helpful to list team questions before watching the video.

During the training:

As a group, teams review the videotape from the evaluation. The review involves a careful examination of the child's behavior, skills and coping mechanisms. It may help to take notes so that the team can use the videotape information for the IFSP process. Teams will also observe their behavior, skills and coping mechanisms. The team might want to take notes on this aspect as well, for immediate reflection/discussion and in preparation for the end-of-the-project paper.

After reviewing the tape, the team meets to share evaluation findings and plan for the Individualized Family Service Plan document. It is helpful for team members to have photocopies of findings to give to other team members. After the team members share the findings, each team will use its findings to work with the family to develop an Individualized Family Service Plan (IFSP) document, which will include team findings and recommendations. Teams are encouraged to seek out additional information for needed resources or suggestions based on findings. Teams may need staff assistance to interpret their evaluation findings and develop appropriate IFSP outcomes.

Follow-up:

Teams meet with the family to share their evaluation findings and develop the IFSP document.

Trainer's Notes

Because this is a training experience, some of the procedures are slightly different from how they would be in practice. Ordinarily, all of the IFSP planning would include the family. However, for training purposes the student teams meet alone to give the team extra time to process the evaluation data. This approach allows students to practice with their peers before they practice with families. This has proven to be a positive approach to building trainee self-confidence in discipline-specific content and practice as well as in teaming skills.

Resources

Meisels, S. J. (1996). Charting the continuum of assessment and intervention. In S. J. Meisels, & E. Fenichel (Eds.), New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three.

Learning Tool #14:
Family Wrap-Up

What Will Be Learned

Students learn how to work with a family to develop an IFSP written document.

How Long Will It Take

60-90 minutes with family
Transportation to and from the site of the family wrap-up meeting
30 minutes for debriefing after family wrap-up

What You Will Need

- Transportation
- Any written materials which students need
- Toys for children to play with while students talk with parent(s)

Instructions

Before you begin:
A team member is selected to call the family and set up a meeting time that is convenient. It may be helpful to get available times from all students first to alleviate numerous phone calls. Teams should also discuss and plan how information will be shared with the family and who will be responsible for each piece of the IFSP meeting with the family.

During the training:
The team shares information with the parent(s), makes initial recommendations, and suggestions for the IFSP document. In discussing findings with the family, the students will utilize a family-centered approach by focusing on the family's strengths and asking if the family believes that the assessment resulted in an accurate portrayal of their child. The students also ascertain the family's opinion about which direction they would like to move in next. Teams will share their perspective of what a service plan for the child might look like. The team and family then reaches an agreement as to what avenue the family feels most comfortable pursuing (e.g., home-based therapy, day care, clinic). If the family chooses an alternative site to their home, teams should discuss how to keep communication lines open between the parents and the staff (e.g., notebook, phone contacts).

If the sharing of evaluation information is emotionally difficult for a family, students need to be supportive and acknowledge the parents' emotions. When planning for the wrap-up meeting, team members might discuss the potential reactions of the family to the information provided and prepare in advance.

Follow-up:
Team members should invite the family to the seminar presentation. Typically the staff facilitator or the students send each family a thank-you note and/or gift for participating in the IFSP activity.

Trainer's Notes

This activity may also be videotaped for the purpose of team review of the activity. Students are encouraged to be creative with the IFSP and practice letting the parent take the lead. The one major challenge to this activity is the need to train students in how to include families as full team members while the assignment calls for a significant amount of student-only work. When references are made to "the team," sometimes it includes the family and sometimes it pertains only to the students. Our solution has been to emphasize to students that this is a training activity and certain aspects of teaming have been altered in order to maximize the training benefit. On the student handout which describes this activity, we have identified all times when training strays from best practice. As a trainer, it is important to consider how best to approach this dilemma.

In addition, it behooves the trainer to contact the family's actual service provider and inform him/her of this activity. Occasionally the students will identify a need for a child (e.g., physical therapy) which is not being provided by the local service agency. There is a potential for a misunderstanding, so it is best to contact the service provider up front and offer information on the purpose of the training activity.

Resources

Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1989). Family-centered care for children with Special health care needs (2nd ed.). Washington, DC: Association for the Care of Children's Health.

Turnbull, A. P., Patterson, J. M., Behr, S. K., Murphy, D. L., Marquis, J. G., & Blue-Banning, M. J. (Eds.). (1993). Cognitive coping, families, & disability. Baltimore, MD: Paul H. Brookes Publishing Co.

Learning Tool #15: IFSP Team Process

What Will Be Learned

Through self and group reflection, students learn about their own strengths and weaknesses in teaming.

How Long Will It Take

45-60 minutes to discuss team process as a team and plan for seminar presentation
30 minutes to examine aspects of service coordination
45-60 minutes for each team member to write team process paper
45 minutes for each team to present to the seminar

What You Will Need

- Handout: Seven Service Coordination Responsibilities
- Handout: Team Process Presentation Feedback Form
- VCR/player, overhead projector, slide projector, space for a skit or role-play, flip chart and markers, etc. (varies by team)

Instructions

Before you begin:

Teams will have completed Learning Tools #8 through #14, prior to this activity. This part of the second semester team activity is both collaborative and individualized. Students meet to discuss the dynamics of their team, considering all they have learned about teaming over the course of the year. They examine aspects of service coordination, individually write a short paper describing their team process, and make a presentation on their team process to the seminar group.

During the training:

Teams should meet to discuss and complete the three aspects of the team process assignment:

1. Service Coordination Summary: As a group, teams write two or three sentences to describe how the team met the seven service coordination requirements for the family.
2. Individual Paper: Each team member writes a two or three page paper that describes his or her team. This paper should integrate reflections with the core curriculum on teaming provided through team activities, readings and seminar. The paper should examine the type of team, stages of team dynamics, roles individuals played and how learning styles enhanced or hindered team progress. Papers should also include observations about what team members would do the same or differently if they worked together again, difficulties encountered by the team and team strengths.
3. Seminar Presentation: Each team will discuss the process and content of their team activities with the seminar group. Details about group process and actual information learned should be organized into this presentation. Involving all team members in the presentation is important.

Students may choose to show footage from a team video-tape, use overheads to illustrate main points or findings or pass around an actual copy of the IFSP document. The team will invite the family to this presentation and students may choose to ask the family to take part in the presentation, (e.g., "What did the family learn from this experience?"). Other students and staff will complete a written feedback form to provide the team with presentation feedback.

Follow-up:
Peer feedback is an important component of the training project. Each trainee completes a Feedback Form for the presentations they observe. Staff members also complete a feedback form. A sample feedback form is attached.

Trainer's Notes

Some students emphasize the tangible outcomes of this process (e.g., evaluation results, 45 day timeline upheld). This staff encourages students to explore the less tangible outcomes (e.g., discovery of individual strength, suppressed expression of ideas, perception of dominant leader, lack of group focus). To have this activity truly benefit the learner, all outcomes should be addressed. The staff can support difficult discussion if needed to make students feel safe in expressing the less positive outcomes.

Resources

Tuchman, L. (1996). Team dynamics and communication. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore: Paul H. Brookes Publishing Co.

Whitehead, A. D. (1996). Roles of service coordination. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore: Paul H. Brookes Publishing Co.

Whitehead, A. D. (1996). Service coordination and models of coordination. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care: A guide to collaborative early intervention. Baltimore: Paul H. Brookes Publishing Co.

The Seven Service Coordination Responsibilities

- Coordinating the performance of evaluations and assessments;
- Facilitating and participating in the development, review and evaluation of Individual Family Service Plans;
- Assisting families in identifying available service providers;
- Coordinating and monitoring the delivery of available services;
- Informing families of the availability of advocacy services;
- Coordinating with medical and health providers; and
- Facilitating the development of a transition plan to preschool services; if appropriate.

From: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G. & Begun, A. (1993). Partnerships in early intervention: a training guide on family-centered care, team building, & service coordination. Madison, WI: Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Team Process Presentation Feedback Form

Team: ______________________________

1. What are the three points that stood out for you from this presentation?

2. What applications for professional practice came from this presentation?

3. What was a high point of this presentation?

4. What would have made this presentation better or more useful to you?

Introduction: Family Mentor Experience

> *In order to reap the full benefits of a growing awareness of the pivotal role of the family in the comprehensive care of children, students need parents to participate in their earliest clinical training and professional experiences. Parents stress that from the moment of birth they are accumulating experiences, learning from their children, and developing new ways of understanding family life. The road traveled by parents of children with special needs is long and complex; change and accommodation are constant features of parents' journeys. (Leff & Walizer, 1992, pp. 270-271)*

This module contains detailed information about the family mentor experience within the Interdisciplinary Training Project. Included in this section is a broad overview of the family mentor experience as well as the detailed outlines of the activities to implement and evaluate the experience. The activities are intended for trainers and faculty who are interested in replicating the family mentor experience in their home training programs or departments. The table at the end of this introduction summarizes the activities by the order in which they would occur during the academic year.

The family mentor experience is a year-long match between a student and a family with a young child with special needs. The student is a guest in the family's home for approximately two hours per week for 30 weeks. During the weekly meetings, the student gains a sense of what it means to raise a child with special needs. This experience is intended to result in the student's ability to see the service delivery system from the family perspective.

The family mentor experience is based on the foundational belief that parents must be integral to all aspects of training future early intervention professionals. Iryes, Schwab, and Divenere (1994), list several key guidelines when involving parents in training:

Guidelines for Developing Partnerships With Families For Educational Purposes

1. Involve parents in the design, implementation and evaluation of educational activities.

2. Develop written guidelines for both families and trainees that describe the mission and objectives of collaborative education efforts and the roles of all participants.

3. Develop orientation and planning sessions for participating families to discuss all components of parent participation.

4. Integrate community-based field experiences (e.g., home visits) into all educational efforts.

5. Provide opportunities for students and families to discuss process and content of the field experiences both before and after they occur.

6. Meeting with participating families to evaluate their experiences and to discuss what worked well, what difficulties were encountered, and how the project might be better structured.

7. Meet with students to evaluate their experiences and to discuss what worked well, what difficulties were encountered, and how the project might be better structured.

8. Assure that participating families and students have periodic opportunities to evaluate in writing the different aspects of the educational effort.

From: Ireys, H. T., Schwab, W. E., & DiVenere, N. (1994). Physician Education. In S. L. Hostler (Ed.), Family-centered care: An approach to implementation (p. 360). Charlottesville, VA: University of Virginia, Children's Medical Center, Kluge Rehabilitation Center.

As part of the Family-Centered, Interdisciplinary Training Project in Early Intervention, students are involved in a variety of activities with programs, providers and parents. The Family mentor experience is one critical component of the training.

The focus of family mentor experience is to provide students with the opportunity to learn directly from a family. This experience provides students with an in-depth experience, spending time with a family from the beginning of October to early May (see calendar). Students and families are matched during September. Each student gets to know one family whom has a child with special needs between the ages of birth and five. It is the goal of this family mentor experience that students will acquire an appreciation of what it means to raise a child with special needs at home. Through the sharing of a variety of experiences with the family the student will gain knowledge about the service delivery system and its responsiveness to family needs. Below the student-family match is outlined, including initial contacts, goal-setting and sample activities.

1. Student/Family Orientation

In early fall the students and families may meet together or separately at the Waisman Center to learn more about the family mentor experience. A project overview is given and families and students get to know one another, fill out schedules and ask questions about the training project.

Families are reimbursed for travel and childcare is provided for those families who wish to bring their children to the orientation.

2. Matching/First Visit

Following the orientation, students and families are matched. Families and students are matched by schedules and the balancing of individual student and family needs. Each student sends a letter of introduction to his/her family prior to the first home visit. The student contacts the family by phone and a mutually agreeable time is selected for the first visit. The family facilitator accompanies the student on the first home visit.

3. Set Goals

The family and student talk together to identify the goals and activities they will share during their time together. These should be mutually beneficial. The student's learning needs, as well as the families priorities, will be considered as goals are set.

The student is expected to meet with the family for an average of 2 hours for each week that the University is in session (see calendar). This experience is for approximately fifty hours and is intended to be spread out evenly throughout the year. This on-going contact can be shared in a variety of ways. The family and student may develop a timeline of activities. The Table below gives a list of suggested activities, though students and families are encouraged to be creative and decide on their own activities.

SAMPLE ACTIVITIES BETWEEN THE STUDENT AND FAMILY

- Participate in routine home life
- Have a meal with the family
- Accompany the family to buy groceries
- Attend a birthday party, bowling league, etc.
- Attend a parent support group, swimming class, play group
- Observe child in setting where services are being provided (school, childcare, home, therapy, clinic)
- Attend an IFSP/IEP or other conference held with early intervention or early childhood
- Attend doctors' appointments

4. Confidentiality

As part of the Interdisciplinary Training Project, students must maintain confidentiality about the families with whom they are matched. Families must be aware, however, that students keep journals which record all of their activities and thoughts about the training project and may refer to or describe in-depth, an experience with their mentor family. Likewise, in seminar, students are encouraged to share their experiences with the training project group. The sharing of these experiences within the boundaries of our training project is beneficial to the students' learning. The sharing of these experiences will *not* go beyond our training project. Students should keep in mind, however, that sometimes families share personal information meant to better help the student understand the situation, but that is not intended to be shared with a larger audience.

5. Respite

After the student and family matches develop and relationships are formed, the family is welcome to ask the student to do respite for their family. Respite is when the student assumes responsibility for the child(ren), and the parents are free to do whatever they choose. Some families choose to leave the house and go to a movie or out to dinner, while other families prefer to spend the time preparing a meal or reading a magazine.

This family mentor experience does not support families financially, yet it is intended that the student will spend about half of the visits doing respite. No money will be exchanged for this respite. The respite is a "pay-back" for the family's willingness to open their home. If, however, a student and family make arrangements for additional respite above and beyond the parameters of this training experience, it is up to them to negotiate an agreement, which may include payment.

6. Additional Opportunities

Periodically throughout the year, the family facilitator may call the family to ask if you would be interested in participating in the training project further. Over the years, parents have participated in a variety of ways, including sharing their family stories at seminar, reading a novel about special needs and joining our seminar for a discussion, and hosting a team of students in a simulated Individualized Family Service Plan. These additional activities are totally optional and parents do receive honoraria for their participation.

Two additional group gatherings are available to families as opportunities to give feedback to staff about the project. In winter, families are invited to come to the Waisman Center to share their experiences with their students. In May, families, students and staff are invited to an end-of-the-year celebration at the Waisman Center. At this event we have games for the children, food and a sharing time for the families to again give project feedback. Childcare is provided for these meetings and families are reimbursed for childcare and travel.

7. Family Facilitator

The family facilitator is the person to contact if the family or the student has any questions, concerns or feedback.

CHRONOLOGICAL SUMMARY OF ACTIVITIES	
Activity	**Activity Focus**
1	Recruitment
2	Orientation for Families
3	Book Review
4	Case Study
5	Mid-Year Meeting with Participating Families
6	End-of-Year Celebration

Activity #1: Recruitment

Purpose

Families from diverse socio-economic, cultural, and educational backgrounds are recruited to provide a wide variety of learning experiences for the students.

How Long Will It Take

1-2 months. Parents will be contacted, follow-up phone conversations are made, and a beginning of the year orientation is conducted for interested parents.

What You Will Need

- Families representing a range of backgrounds, lifestyles, cultures, disabilities, and ages
- Recruitment flyer (sample attached)

Instructions

Families are recruited from the: local Birth to Three program; early childhood programs; Medicaid waiver program; and through "word-of-mouth" from participating parents.

Once interested families are identified, phone calls are made to explain more about the program. If the families are interested in participating, an introductory letter containing an invitation to the beginning of the year orientation is sent.

Trainer's Notes

We have found that building relationships with the local providers is the best way to ensure successful recruitment. The local providers know the families extremely well and are in an ideal position to recommend families for the program. In addition, if problems should arise during the year, the local provider is an excellent resource to the problem-solving team.

Family Mentor Program

• Families enhance the training of university students. • Students gain valuable, home-based experience • Parents receive respite.

Do you have a child with special needs between the ages of birth to five?

Participate in this unique opportunity to influence students in their training program. Increasingly, parents are asked to assist in training future professionals who work with children and families in the field of special needs.

You can be involved in providing students with a home-based experience so they understand what it means to raise a child with special needs.

- Influence/teach a future professional.
- Share with a student the challenges and joys of raising a child with special needs.
- Receive respite.

What parents say...

"We were a good source of feedback for our student's skills. I think we contributed to her sense of professionalism."

"I would recommend this program for other families. It's a win-win situation for parents, students, and kids."

"Our student realized that the child came first and the disability was second."

"I enjoyed the chance to network with other parents."

For more information—

Contact Carrie Pomije:
(608) 265-4461
Address:
Waisman Center—Room 225
1500 Highland Avenue
Madison, WI 53705-2280

• Waisman Center University Affiliated Program at the University of Wisconsin-Madison •

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Activity #2: Orientation for Families

Purpose

The orientation is the place where students and families learn in detail about the family mentor experience and their roles in that experience. It is also a time for individuals to meet and begin building relationships between families and staff, students and families, and/or between students and staff, depending on how the orientation is structured.

How Long Will It Take

The orientation can take as little as an hour, though two hours is optimal to avoid rushing.

What You Will Need

- Family Mentor Orientation Agenda (sample attached)
- Letters of invitation (sample attached)
- A friendly space for parents and another space for children (if childcare is provided)
- Child care providers (e.g., students or staff)
- Nametags
- Handout: The Family Mentor Handbook (See Appendix B)
- Translators for families who are non-English speaking refreshments
- Magazines, glue sticks, markers, scissors and construction paper

Instructions

Before the meeting:

Families are invited by letter to the orientation, after a personal contact has been made with them to confirm their desire to participate in the activity. The letter is sent to the families a few weeks before the orientation date. A sample letter is attached.

The family facilitator plans the orientation, reserving space to use, asking students or staff to do childcare, planning an agenda, creating nametags, making copies of handouts and asking staff to sign up to bring refreshments.

At the meeting:

A successful icebreaker is to ask each family member to create a collage by cutting out pictures from magazines and gluing them to a piece of construction paper, using markers to enhance the collage if they choose. Then the facilitator leads a go-around, where each person introduces him/herself using the pictures on the collage to tell about themselves (e.g., a picture of a newborn to illustrate that the family is expecting a new baby in a month).

The family facilitator also introduces herself in this way, to ensure that families know that the facilitator is also a parent of a child with special needs.

A Family Mentor Handbook (see appendices) is provided to each person and is gone over page by page and explained. After all questions are answered, the families fill out a family information form for the purposes of matching students and families.

Closure is brought to the orientation and the parents reunite with their children and adjourn. Attached is a sample agenda.

Trainer's Notes

If there is a choice of play areas for the children, we have found that having two spaces is ideal. One space is a gym where children can run and play on large toys. The gym has acoustics which cause loud echos and can be extremely over-stimulating to some children (and adults). Considering another space, perhaps a quiet therapy room where a video can be set up and a less active environment maintained is suggested. Providing these two environments allows children with various needs to have choices about the stimulation level. This orientation has typically been held in the evening, since parents have indicated that the evening is the most convenient time for them.

Family Mentor Orientation: Sample Agenda

6:30 Families meet in gym.

6:45 The family facilitator and the families move to comfortable conference room. Children divide up between the gym and a small playroom. Students or staff stay with the children.

6:50 Welcome and introduction.

6:55 Ask families to make a montage of their family using construction paper, old magazines, glue and markers.

7:15 Parents go around in a circle and introduce themselves using the montage, (e.g. a photo of a new baby to illustrate that another child is expected in the family soon).

7:40 Staff provide an overview of the training project and the underlying ideas and principles which support the family mentor experience. The student and family expectations/roles are defined at this time. This is completed by leading the group through the Family Mentor Handbook.

7:50 Questions and Answers.

8:00 Adjourn

Sample Letter to Families

Dear Terrie & John,

Thank you for agreeing to host a student in your home for the 1997-1998 school year. We really appreciate your interest and commitment to the IDTrain project.

I am the new parent facilitator with the IDTrain family mentor program. My family has hosted students as part of IDTrain for the past two years, and we found it a fun and rewarding experience. I hope that you will benefit from this program, as many families have in the past. I am here to make sure the student-family match goes well, so please feel free to call me at anytime. I am always happy to hear from you.

We are planning an introductory orientation for all the host families, with a chance to meet your student at the end of the orientation. This will be a chance for you to ask questions and get ideas about activities you may want to do with your student.

Childcare will be available at the meeting. If you would prefer to have your children stay with a childcare provider at your home, we can reimburse you for the expense at the end of the school year in May. Please keep track of all mileage to and from ID Train meetings and any childcare costs you have while attending ID Train meetings throughout the year, because you will be reimbursed at the end of the project in May.

The orientation and meeting with your student will be:

Date: **Sept. 29, 1997**
Time: **6:30 - 8 p.m.**
Place: **Waisman Center**
Room 114
1500 Highland Ave., Madison

Please fill out the attached sheet and return it in the self-addressed, stamped envelope by **Sept. 25.** Or, give me a call to leave a message about whether you can come.

If you can't come to the orientation, I will be in touch with you soon to find a time when I can introduce you to your student at your home.

Thanks again for your help in this project. I hope to see you later this month.

Sincerely,

Family Facilitator

Please return this form in the enclosed postage-paid envelope no later than September 25.

Name:

☐ Yes, I/We can come to the orientation September 29, 1997
☐ Yes, I/We will bring child(ren) and would like child care for:

Name(s)	Age(s)

☐ Sorry, I/We can't attend the orientation

Activity #3: Book Review

Purpose

In addition to the weekly home visits, parents are invited to participate in seminar. In this activity family members will have an opportunity to read a book to understand how persons with disabilities are portrayed in literature and to offer the parent perspective to students.

How Long Will It Take

3-5 hours to read, 2 hours of seminar participation

What You Will Need

- Library/book
- Handout: Suggested Books for Book Review
- Handout: Book Review discussion questions

Instructions

Before the activity:

Parents from the family mentor experience are invited to participate in this activity. Parents volunteer to read a piece of fiction and attend a student seminar. Parents are given a reading list and matched with a small interdisciplinary team of trainees. Together, they choose a book from the list. If there are several trainee teams, the trainer can invite one family member to be on each team.

Once chosen, the students and family member are given three to four weeks to complete the reading.

During the activity:

At the seminar, the family member and trainee teams discuss the book with the rest of the group. A list of discussion questions is available (attached) to assist the team in preparing for the discussion. Each team discusses their book at seminar.

The trainer facilitates the team discussion by keeping the topic focused and asking clarifying questions when necessary.

Follow-up:

Parents are typically provided with a follow-up note of acknowledgment and honorarium to cover child care and travel costs.

Trainer's Notes

Inviting parents to participate in this activity has consistently enhanced the discussion and enriched the students' understanding of the diversity of interpretations of a given story or situation. A similar activity would be to select a film which highlights disability (e.g., Miracle Worker) and have parents and students watch and discuss the film together.

Suggested Books For Book Review (Annotated)

Axline, Virginia Mae (1964,1974). Dibs: In Search of Self. New York: Ballantine Books.
An older book, written by a child and family therapist about her work with a young boy who has autism. (Non-fiction)

Brown, Christy (1954). My Left Foot. London: Minervia.
Book written by Irish author who has cerebral palsy. Movie followed this book.

Crossley, R. & McDonald, A. (1984). Annie's Coming Out. Great Britain: Penguin Books.
The book which established facilitated communication as an approach to assist individuals with disabilities. Based on a true story.

Dorris, Michael (1989). The Broken Cord. New York: Harper and Row.
Mr. Dorris is a Native American professor and author who adopted a son with fetal alcohol syndrome. This book relates his search for information and understanding for his son. (Non-fiction)

Featherstone, Helen (1978). A Difference in the Family. New York: Basic Books.
One of the first books that looked carefully at the concerns and needs of all family members when one member has a disability. (Non-fiction)

Greenfield, Josh (1972). A Child Called Noah. New York: Holt, Reinhard, Winston.
Parent writing about his child who has autism.

Hockenberry, John (1995). Moving Violation: A Memoir.
A journalist's account of his differing experiences as a paraplegic working in the US and abroad as well as accounts of family members with disabilities including severe mental retardation. (Non-Fiction)

Kaufman, Barry Neil (1976, 1994). Sonrise. New York: Warner Books, Inc.
Parents write about their efforts with their son who has autism. (Non-fiction)

Keyes, Daniel (1966). Flowers for Algernon. New York: Harcourt, Brace & World, Inc.
The story of a man with developmental delays and the experimental use of drugs to increase his skills. (Fiction)

Maurice, Catherine, (1993,94). Let Me Hear Your Voice. London: Hale.
Mother's story of using discrete trial format for teaching her children with autism. (Non-fiction)

Medoff, Mark (1980). Children of a Lesser God: A Play in Two Acts. Clifton, New Jersey: J.T. White.
Play about living in the deaf culture, movie is based on this play. (Fiction)

Nolan, Christopher (1987). Under the Eye of the Clock. New York: St. Martin's Press.

Nolan's poignant life story of growing up in his native Ireland, as an individual with cerebral palsy. (Non-Fiction)

Park, Clara Claiborne (1972). The Siege: The First Eight Years of an Autistic Child.

A mother's account of her life with her child with autism.

Sacks, Oliver (1989). Seeing Voices: A Journey into the World of the Deaf. Berkeley: University of California Press.

Written by a neurologist (author of Awakenings, The Man Who Mistook His Wife for a Hat, Anthropologist from Mars), clinical stories about the lives of people who are deaf.

Sienkiewitz-Mercer, Ruth & Kaplan , Steven B (1989). I Raise My Eyes to Say Yes. Boston, MA: Houghton Mifflin.

Walker, Lou Ann (1986). A Loss For Words. The Story of Deafness in the Family. New York: Harper and Row

Book Review

Below are the questions which will be addressed at seminar:

1. Is the information in the book dated? Are any perspectives in the book still accurate today?
2. What are the implications for practice?
3. Are the services the family receives considered family-centered?
4. How did you react to the professionals in book?
5. What did you learn about the individual's disability? Are the perspectives dated or do they vary with the situation?
6. What perspective, viewpoint is being expressed by the author?
7. What is the main emotional tone of the book?
8. Where appropriate, consider how isolated or well-supported the persons with disabilities and their family were.
9. Was your discipline represented? How were your discipline and other disciplines characterized?
10. Would you recommend this book to families or other professionals? Why or why not?
11. What did you learn about the impact of a disability on a person's life? Were any of your views or beliefs challenged?
12. Any other issues or topics the book may have raised that you would like to discuss.

Activity #4: Case Study

Purpose

Families learn about some of the challenges that could arise when hosting a student in their homes. Strategies to address those challenges are generated.

How Long Will It Take

1 hour

What You Will Need

- Family-Student Story (sample attached)

Instructions

Before the activity:
Plan a family mentor experience meeting, preferably the orientation meeting (though the mid-year meeting could also be a possibility), to include a "case-study" activity. This same activity could also be done successfully with a group of trainees or a mixed group of trainees and family members.

During the activity:
Introduce the activity by letting the families know the purpose. The purpose is to become aware of the types of challenges student-family matches may encounter in the family mentor experience. The purpose is to underscore the importance of having families feel confident about their role and that they know that project staff are available to assist them should a difficulty with a student arise.

After introducing the activity, hand out a case study to each person in the group. Give them about ten minutes to read it.

After everyone has read the case study, lead a discussion using the discussion questions (attached).

Summarize by letting families know that in most matches no problems ever emerge. However, should something come up which the family feels concerned about, please let staff know right away and they will help to problem-solve.

Follow-up:
This activity could be followed by another activity which might be more informal and focus on relationship building between families in the program.

Trainer's Notes

Families may perceive this activity as too academic and not worthwhile. The facilitator should get a sense from the families before hand, as to whether or not this would be a good use of time. Another approach could be to have the families create their own student-family "stories" by sharing at a group meeting and have the facilitator take notes.

Family-Student Story

Leslie was a twenty year old senior, majoring in occupational therapy and participating in the year-long interdisciplinary training project. Leslie was especially excited about the family mentor activity within the training project, which matched each student with a family for the year. Her strenuous degree requirements had not given her time to ever work with a family in their home (e.g., respite). Leslie's personal life experiences had not included knowing individuals with disabilities, other than what she observed through her required rotations in the clinic. She had always excelled in school, yet had far less experience in interacting with people. In fact, Leslie identified "building parent-professional partnerships and working with families" as a primary objective for her year in the training project.

Leslie was matched with the Floyd family in the fall. The Floyds had three children and were expecting a fourth. Jenn, nine, and Becca, seven, were typically developing. Philip, was three. Philip was a bright boy with a great sense of humor and charm. Philip did not have a clear overall diagnosis, yet had a severe learning disability, fine motor delays and often seemed to also have emotional difficulties. His challenges were to the point where he needed considerable assistance from the adults around him.

The Floyds were excited to volunteer to be a host family when they learned that the student would provide some respite to the family in return for the experience. Mrs. Floyd, Gail, worked half-time as a bank teller and Mr. Floyd, Jim, held two jobs as a home-builder.

The training project required that Leslie focus an average of two hours a week on the family, either through direct contact or related activities. Leslie had access to an occupational therapy supervisor for discipline support as well as a family facilitator who was available for family mentor support.

The first semester Leslie participated mostly as an observer with the Floyd family. She observed the teachers who worked with Philip for his learning disabilities, at home and at school. She sat in on Philip's individualized education plan (IEP) meeting with the interdisciplinary team in early childhood. She went to watch Philip in his therapeutic horse-back riding class. Leslie met with Gail alone a few times to talk about parent issues, financial resources and her training project objectives.

"I'm really interested in understanding about the types of supports which families can use to help them in raising a child with a disability." Leslie had asked.

"There are financial, emotional and educational supports which I can tell you about and tell you how our family has taken advantage of those supports." Gail responded and then proceeded to describe the services to Leslie.

When the second semester came, Gail had her baby and had less energy to organize observational opportunities and talk one-on-one with Leslie. The Floyds were extremely busy with the four children and their work schedules. Leslie still came for two hours each week and yet she was not sure how to move from her observational role to a more interactive role.

Gail had asked her, "How would you like to spend the rest of the year? You could continue to attend learning disability sessions or you could focus in on getting to know Philip. What would you like to do?"

Leslie had not answered because she was not sure what she was *supposed* to do. So Gail had said, "Why don't you read Philip some books and let me know later how you would like to spend future visits." Leslie had nodded her head even though she was worried about reading to Philip because it meant sitting on the dirty floor with him and dealing with the flea-ridden dog who kept approaching her for attention. She also felt very uncomfortable with Philip's emotional swings; she felt that her training had not yet taught her how to handle children's behavior.

Leslie was conscientious and showed up exactly as planned. Several times Leslie would arrive and Gail had totally forgotten that she was coming and was surprised to see her. It seemed to Leslie that Gail was too overwhelmed to give her clear direction and information on caring for Philip. Leslie was respecting the fact that she was a guest in the Floyd's home and never wanted to do anything to offend the family. While Jim was at work and Gail tried to juggle feeding the baby, providing support to Philip, supervising the girls, and answering the phone. Leslie increasingly found herself standing in the kitchen doing absolutely nothing- being unsure what to do.

Leslie was realizing some things about herself through this experience. She had always been shy, and here, her shyness was impeding her ability to help Gail. She saw how difficult it was for Gail to be home alone with four children and yet didn't know where to begin to help.

Questions for discussion:

- What are some of the challenges to this family-student match?
- How could Leslie have helped Mrs. Floyd?
- How could Mrs. Floyd have made Leslie feel more relaxed?
- Is there some way that the training project could have facilitated the relationship to promote better student-family interactions?
- Additional questions/comments?

Activity #5: Mid-Year Meeting with Participating Families

Purpose

The mid-year meeting, in January or February, is offered to families in the family mentor experience, to share the benefits and challenges to hosting a student in one's home.

How Long Will It Take

1-2 hours

What You Will Need

- A comfortable space
- A hat, small pieces of paper, & pens
- Letter to families (sample attached)

Instructions

Before the meeting:

About three weeks before the meeting, send a letter of invitation to all of the families in the project, to attend a mid-year meeting. A sample letter is attached. Childcare can be arranged in a quiet room adjacent to the room where the parents meet. Students are asked to volunteer to do childcare. Staff are asked to bring refreshments to the meeting.

At the meeting:

Begin the meeting with introductions. Then move to describe the purpose of the meeting, acknowledging that the student-family match is at times a benefit and at other times a challenge. The facilitator can share a personal experience (e.g., when I host students in my home I feel pressure to clean the house before the student arrives). Ask every family member to complete the following two sentences on a small piece of paper:

- My greatest benefit from this experience is...
- My greatest challenge from this experience is...

All papers are put in a hat and shuffled. Then the hat is passed around and family members pick a paper and read the benefit and challenge. Each benefit and challenge is discussed with the group with a supportive and problem-solving approach. After all benefits and challenges are discussed, the facilitator brings closure to the meeting, thanking all for participating.

Trainer's Notes

This approach has worked wonderfully in allowing all participants a chance to share and in a sense to maintain a level of anonymity if they choose. One outcome is that the benefits and challenges are in general universal, yet when specific issues arise (e.g., a student is having a complicated pregnancy and unable to fulfill her obligations to the family), a supportive, problem-solving dialogue ensues.

Sample Letter to Families

Dear Family,

We hope you had a relaxing and enjoyable winter break. Soon the students will return and their training activities will start up again. We'd like the staff and parents to get together at this time in order that you have an opportunity to share experiences about how the student-family match is going. We hope you will be able to join us on February 7, 1996 from 6:30-8:00pm in room 120 on the first floor of the Waisman Center. From there, the adults will be relocating to room 114. Please fill out the form at the bottom of the page and return it in the enclosed envelope.

Child care will be provided during the meeting. Your travel and home child care, if you are unable to bring your child(ren), will be reimbursed.

We appreciate the time and experience that you give to the family mentor experience. If you have any questions please call me at: ________ (w) or ________ (h).

Sincerely,

Name: ______________________________________

Please check one of the following boxes.

_ Yes, I/we will be able to attend the meeting.

_ I/we will bring our child(ren) and would like child care when attending the meeting.

_ Sorry, I/we will be unable to attend the meeting.

Activity #6: End-of-Year Celebration

Purpose

When the students and families begin to finalize their training program commitment they are invited to an end-of-year celebration. This celebration is a time to acknowledge the hard work and commitment that students and families have put forth over the past year. It is also a way to make it clear that the formal match is complete.

How Long Will It Take

1½ to 2 hours

What You Will Need

- Two meeting areas; one for children and a quiet space for the parents
- Refreshments
- Games for children
- Evaluation forms (sample attached)
- Tokens of recognition
- Name tags
- Certificates (sample attached)
- Instructions
- Slide projector and slides
- Tape player and music
- Flyer (sample attached)

Instructions

Before the celebration:

About three weeks before the meeting, send a letter of invitation (flyer) to all of the families in the project to attend. Childcare can be arranged in a quiet room adjacent to the room where the parents meet. Students are asked to volunteer to do childcare. Staff obtain photos of students with their family mentor children and create a slide show set to music to be show to families and students in closing.

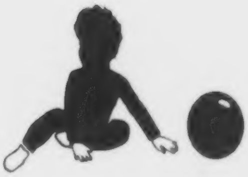
During the celebration:

This is a social gathering to provide time for students, staff, and families to visit and share. There is plenty of food and it is presented in an accessible, friendly manner.

After about an hour, the family facilitator invites the parents to go into a conference room. The children are cared for by the students and games are played. In the conference room, the parents are acknowledged for their commitment to the program over the past year. They are provided with a certificate, a Waisman Center mug, and oral thanks. They are given a chance to share the highlights of the year and fill out a project feedback form. As a closing activity, families watch the slide show, which affirms the powerful value of the family mentor experience.

Trainer's Notes

This event takes careful planning. Over the years, it has been learned that it is well worth the time to plan several activities for the children. The trainees can help with this planning. Activities have included a fishing game, making hats, and mini-bowling. Prizes are given to all who play and/or attend. It is important to anticipate the wide range of children in the planning.



IT'S TIME TO SAY

FAREWELL!

WHEN: TUESDAY, MAY 6, 1997 - 6:30 to 8:00 P.M.

WHERE: WAISMAN CENTER GYMNASIUM

WHO: FAMILIES, STUDENTS, & STAFF OF THE ID TRAIN PROGRAM

PLEASE JOIN US FOR A FUN-FILLED EVENING WITH:

☻ A LIGHT DINNER
☺ ACTIVITIES FOR THE CHILDREN
☻ A TIME FOR FAMILIES TO GIVE PROGRAM FEEDBACK
☺ CHATTING AND BIDDING EACH OTHER FAREWELL

CALL CARRIE WITH ANY QUESTIONS.

✂---

☐ YES! WE CAN ATTEND ON MAY 6TH
WE WILL BRING __ CHILD(REN)

☐ SORRY, WE ARE UNABLE TO MAKE IT
NAME________________________________

Please return bottom portion in the enclosed envelope by April 25.

Certificado de Reconocimento

Nombre

estan reconocidos y aprecionados por su tiempo generoso y energia y por su invitacion de una estudiante en su casa para el projecto y entrenimiento

Certificate of Recognition

Name

is recognized and appreciated for her generous time and energy in hosting a student in her home for the Family-Centered, Interdisciplinary Training Project In Early Intervention

1996-1997

Funded by the United States Department of Education, Office of Special Education and Rehabilitation Services

Family Mentor Feedback

1. What did you like about the Family Mentor Experience?

2. What didn't you like about the Family Mentor Experience?

3. What changes do you suggest for next year?

4. How did you feel about your role as a teacher?

5. What are three key points you feel you shared with your student over the past year?

6. Do you think the student got a sense of the families experience with a child with special needs?

7. Would you recommend this activity to other families? Why or why not?

8. If your child with special needs will be between the ages of birth and five next year, would you be interested in participating again?

Family Mentor Experience Appendices

SUMMARY OF APPENDICES	
Appendix	**Appendix Focus**
A	The Parent Perspective: A Parent Consultant Directory.
B	The Family Mentor Handbook (English & Spanish)

Appendix A

Introduction to the Parent Perspective: A Parent Consultant Directory

Why a directory?

Federal and state Birth to Three legislation and best practice require that service providers work in collaboration with families. Providers will be in a better position to do this if the family perspective is included throughout their training.

This directory is intended to assist college and university faculty and staff throughout Wisconsin, in identifying parents of children with disabilities in the community who are willing to share their expertise with students. Occasionally, faculty have used this booklet for other purposes (e.g. parent-to-parent matching). Parents should be contacted before their names are released for purposes other than those related to training students.

In the Waisman Center Early Intervention Program's interdisciplinary university courses, parents routinely present their perspectives to students and service providers in early intervention. Course evaluations indicate that the parent perspective is an invaluable component of the curriculum. When students were asked to identify the most useful element of one course, a student wrote: "Parent presentations were my favorite. The personal insight they present always makes me evaluate my interpersonal skills with parents." In another University of Wisconsin-Madison course, Interdisciplinary Issues in Early Childhood Intervention, parents presented as an integral component of the curriculum. Students again identified parent presentations as one of the most useful elements of the class. These examples and others, provide compelling evidence for the value of parent presentations in university and college classes.

How was it developed?

Four years ago the Wisconsin Personnel Development Project sent questionnaires to college and university faculty in disciplines related to early intervention across Wisconsin. The Project sought to identify what faculty believe parents can offer to students and what students could learn from parents. The faculty acknowledged the benefit of involving parents in preservice training and responded positively to obtaining a listing of parents, which resulted in the first edition of the directory in 1992. In January 1994, faculty across disciplines and the state, were contacted again and reported strong interest in this directory and parent speakers in their classes which led to this second edition.

For the past four years, the Wisconsin Personnel Development Project has offered skill building workshops for parents interested in presenting their family experiences and perspectives. The majority of the parents listed in this directory have completed at least one of the public speaking skill building workshops.

How is it used?
On page six, there is a map of Wisconsin divided into six regions. On the following pages there is an alphabetized listing of parents according to region and county. After the parent's name and address, each parent contributed a short description of his/her child's disability, scheduling preferences and topic areas of interest.

At the end of the directory there is a parent consultant form for parents who express an interest in being added to this listing.

It is hoped that this listing will be useful to faculty. Please feel free to contact Parent Projects if any questions or comments arise, or if more information is needed.

From: Whitehead, A. (1994). Introduction. The parent perspective: A parent consultant directory. Waisman Center Early Intervention Program, University of Wisconsin-Madison. Reprinted with permission.

Appendix B

FAMILY MENTOR HANDBOOK

FOR THE

FAMILY-CENTERED, INTERDISCIPLINARY TRAINING PROJECT IN EARLY INTERVENTION

AMY WHITEHEAD
CARRIE POMIJE

1997-1998

WAISMAN CENTER
UNIVERSITY OF WISCONSIN - MADISON

ACKNOWLEDGMENT

This handbook has been possible because of the many families and students who have provided feedback on what is needed to support family involvement in training. It is their expertise and input that has guided the development of this document.

Special thanks to Lynn Sankey and Heidi Duschak for their careful preparation of this handbook.

This document is supported by personnel preparation grants from the Office of Special Education Programs, U.S. Department of Education (H029Q20110 and H029Q50033). The content of this document does not necessarily represent the policy or endorsement of these agencies.

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Early Intervention Program,
Waisman Center
1500 Highland Avenue
University of Wisconsin-Madison
Madison, Wisconsin 53705
(608) 263-5022

Dear Families,

Welcome to the family mentor experience and thank you for agreeing to participate. Over the last four years of this project, students have often rated their Family Mentor Experience as the area of greatest learning and enjoyment. Likewise, families have indicated the benefits that students provide including: an extra pair of hands; a feeling of influencing future professionals; and respite.

This booklet is intended to give you an overview of the Family Mentor Experience.

We hope that your year ahead with this project is positive. Please let me or any staff person know any time you have a concern. We always want to hear from you, no matter how small or large your concern might be.

Thanks again.

Sincerely,

Amy Whitehead

TABLE OF CONTENTS

1. Project Purpose: Abstract
2. The Family Mentor Experience
3. Student Guidelines
4. Examples of Student-Family Matches
5. Staff Roster
6. Family Mentor Forms

IDTrain Project Purpose

IDTrain is a grant supported through the United States Department of Education. The primary purpose of the project is to train pre-professionals in interdisciplinary, family-centered early intervention (birth through five). Basically, we train students to learn to work with children, their families and each other.

Each year we have sixteen students from the following disciplines:
★ occupational therapy
★ physical therapy
★ speech and language therapy
★ social work
★ general and special education
★ nursing

IDTrain has many staff, representing a variety of disciplines, (roster on back) to assist in helping the students to learn about early intervention, early childhood and working with families.

The students are involved in several activities throughout the year. The family mentor experience is just one part of their training, they also are matched with community providers, attend a weekly seminar and engage in student-team activities.

If you would like more detail on IDTrain, feel free to give Amy Whitehead or George Jesien a call.

Amy Whitehead
Project Coordinator
608-263-5764

FAMILY MENTOR EXPERIENCE

As part of the Family-Centered, Interdisciplinary Training Project in Early Intervention, students are involved in a variety of activities with programs, providers and parents. The Family Mentor Experience is one critical component of the training.

The focus of family mentor experience is to provide students with the opportunity to learn directly from a family. This experience provides students with an in-depth experience, spending time with a family from the beginning of September to early May (see calendar at end of section). Students and families are matched during September. Each student gets to know one family that has a child with special needs between the ages of birth and five. It is the goal of this family mentor experience that students will acquire an appreciation of what it means to raise a child with special needs at home. Through the sharing of a variety of experiences with the family the student will gain knowledge about the service delivery system and its responsiveness to family needs. Below the student-family match is outlined, including initial contacts, goal-setting and sample activities.

1. Student/Family Orientation

In early fall the students and families may meet together or separately at the Waisman Center to learn more about the family mentor experience. A project overview is given and families and students get to know one another, fill out schedules and ask questions about the training project.

Families are reimbursed for travel and childcare is provided for those families who wish to bring their children to the orientation.

2. Matching/First Visit

Following the orientation, students and families are matched. Families and students are matched by schedules and the balancing of individual student and family needs. Each student sends a letter of introduction to his/her family prior to the first home visit. The student contacts the family by phone and a mutually agreeable time is selected for the first visit. The family facilitator accompanies the student on the first home visit.

3. Set Goals

The family and student talk together to identify the goals and activities they will share during their time together. These should be mutually beneficial. The student's learning needs, as well as the families priorities, will be considered as goals are set.

The student is expected to meet with the family for an average of 2 hours for each week that the University is in session (see calendar). This experience is for approximately fifty hours and is intended to be spread out evenly throughout the year. This on-going contact can be shared in a variety of ways. The family and student may develop a timeline of activities. The Table below gives a list of suggested activities, though students and families are encouraged to be creative and decide on their own activities.

SAMPLE ACTIVITIES BETWEEN THE STUDENT AND FAMILY:

- Participate in routine home life
- Have a meal with the family
- Accompany the family to buy groceries
- Attend a birthday party, bowling league, etc.
- Attend a parent support group, swimming class, play group
- Observe child in setting where services are being provided (school, childcare, home, therapy, clinic)
- Attend an IFSP/IEP or other conference held with early intervention or early childhood
- Attend doctors' appointments

4. Confidentiality

As part of the Interdisciplinary Training Project, students must maintain confidentiality about the families with whom they are matched. Families must be aware, however, that students keep journals which record all of their activities and thoughts about the training project and may refer to or describe in-depth, an experience with their mentor family. Likewise, in seminar, students are encouraged to share their experiences with the training project group. The sharing of these experiences within the boundaries of our training project is beneficial to the students' learning. The sharing of these experiences will *not* go beyond our training project. Students should keep in mind, however, that sometimes families share personal information meant to better help the student understand the situation, but that is not intended to be shared with a larger audience.

5. Respite

After the student and family matches develop and relationships are formed, the family is welcome to ask the student to do respite for their family. Respite is when the student assumes responsibility for the child(ren), and the parents are free to do whatever they choose. Some families choose to leave the house and go to a movie or out to dinner, while other families prefer to spend the time preparing a meal or reading a magazine.

This family mentor experience does not support families financially, yet it is intended that the student will spend about half of the visits doing respite. No money will be exchanged for this respite. The respite is a "pay-back" for the family's willingness to open their home. If, however, a student and family make arrangements for additional respite above and beyond the parameters of this training experience, it is up to them to negotiate an agreement, which may include payment.

6. Additional Opportunities

Periodically throughout the year, the family facilitator may call the family to ask if you would be interested in participating in the training project further. Over the years, parents have participated in a variety of ways, including sharing their family stories at seminar, reading a novel about special needs and joining our seminar for a discussion, and hosting a team of students in a simulated Individualized Family Service Plan. These additional activities are totally optional and parents do receive honoraria for their participation.

Two additional group gatherings are available to families as opportunities to give feedback to staff about the project. In winter, families are invited to come to the Waisman Center to share their experiences with their students. In May, families, students and staff are invited to an end-of-the-year celebration at the Waisman Center. At this event we have games for the children, food and a sharing time for the families to again give project feedback. Childcare is provided for these meetings and families are reimbursed for childcare and travel.

7. Family Facilitator

The family facilitator is the person to contact if the family or the student has any questions, concerns or feedback.

UNIVERSITY CALENDAR

Instruction begins: September 2, 1997
Thanksgiving Recess: November 27-30, 1997
Winter Recess: December 20-January 20, 1998
Spring Recess: March 7-15, 1998
Semester ends: May 15, 1998

WHAT IS RESPITE?

In the past, questions have arisen as to what constitutes respite and what constitutes family activities. Respite may be defined as any time the student has sole responsibility for the child(ren). The parent(s) may still be in the vicinity, but the student is the main person doing child care.

Examples of this are:

Parent(s) at home, but in another room reading, relaxing, exercising, etc.

Parent(s) at home, but doing housework (dishes, laundry, phone calls, paper work, etc.).

Parent(s) at home, but outside in the yard, visiting with neighbors, taking a walk, etc.

Parent(s) at home, but spending one-on-one time with a partner or one child while the student has responsibility for the other child(ren).

The student taking the child(ren) to the park, for a walk, to the zoo, to the mall, etc. and is unaccompanied by a parent.

These are just a few examples of what might be labeled as respite services. There are also the more traditional examples such as: the parent(s) going out in the evening, going shopping, visiting friends, etc. where the student would be home alone with the child(ren).

Hopefully, this list of examples will help alleviate confusion between what is respite and what is a family activity.

FAMILY MENTOR EXPERIENCE
QUESTIONS FOR A RAINY DAY

This is a tentative list of questions for the families and trainees to discuss if they feel comfortable doing so. Both families and trainees will be given a copy of the questions so that discussion may be initiated by either party. This list is not all encompassing. Anything the families and trainees feel comfortable discussing is fine. Be aware that some of the topics may be sensitive in nature; the families may not feel comfortable discussing these matters with the trainees.

Possible discussion topics may include:

EARLY INTERVENTION/EARLY CHILDHOOD PROGRAMS

- What were the families expectations regarding early intervention and early childhood programs?
- Were these expectations accurate or did circumstances work out differently than the family had envisioned?
- How did transportation work out for the family, the child, the schools?

THERAPY SERVICES

- Has the child received therapy at a place other than home or day care when the parent was unable to attend?
- Was an alternative mode of transportation is needed?
- How did the family find out about these services?
- How did the family go about eliciting these services (ex. was a prescription needed from a physician)?
- Was this an acceptable alternative for the family?
- What measures were taken to ensure that the family was kept abreast of the child's progress and that they were part of the child's team?

DAY CARE

- How did the family find/choose the child's day care/preschool?
- Were there any obstacles in finding or retaining care?
- Was the family satisfied with the situation or did they feel they settled for a less than ideal situation because of the circumstances?
- Does the day care/preschool keep the family regularly informed on what the child does during the day and what measures they take to ensure inclusion for the child in daily activities?

RESPITE SERVICES

- Does the family ever need someone to watch their child?
- How did the family find/choose these services?
- What special circumstances needed to be taken into account (ex. medical needs, size/age of child and siblings, behavioral challenges or aggression, feeding or diapering concerns, communication concerns, etc.) when finding respite?
- What was the cost comparison, if any, between respite care for a child with special needs and a typically developing child?
- Does the family remember the first time they left their child in the care of someone that was not a family member or close family friend?

PUBLIC SERVICES

- How did the family learn about available services for them and/or their child(ex. Katie Beckett, Respite Services, Financial Aid, Extended Day Care, school aides, etc)?
- Did they have any help obtaining these services or the information?

FAMILY

- What adjustments, if any, has the family made to having a family member with special needs
- What role has the extended family taken in the support of the family?
- How have the siblings adjusted to the special circumstances?

Any other topics that the trainees or families can think of?

STUDENT GUIDELINES
1997-98

Students are expected to follow these guidelines when working with their families:

1. **Maintain confidentiality**: All the information you are given or hear about a family or child, is completely confidential and should not be shared with anyone outside this training project.

   You should not:

   a) Discuss families in public areas such as restrooms, lunch rooms, elevators and hallways.

   b) Leave written material about families where it could be seen by people not involved with the family.

   c) Use actual family members names when discussing families outside the clinic areas.

   d) Photocopy or remove Clinic and/or Bridges charts from the building.

2. **Honor appointments** that are made. If you can't keep an appointment you need to call your family and give a clear explanation.

3. **Follow through on your responsibilities** as outlined in your Individual Learning Plan. Please keep track of commitments that you make with families. This is an important part in building relationships which will help you understand the meaning of "family centered care." It demonstrates respect for others and their time, and builds trust.

4. **Act professionally** during all activities. Consider the possible consequences of your actions before you act. Be clear with yourself about your intent. You are representing your profession, your team, and the ID Train project. Respect your family and yourself.

EXAMPLES OF THE FAMILY-STUDENT MATCH

Parents often ask us what kinds of issues arise when families and students are matched in the Family Mentor Experience. We cannot know of every detail, since as staff we are not present at each family-student meeting. However, from listening to families and students over the past few years, we can provide you with a few examples of the types of issues which may arise. Below are several vignettes which will address these issues. There is also one longer story, to give you a detailed example of one sort of issue which could arise.

* * *

STUDENT ROLE

Michelle, the physical therapy trainee was enjoying her time with her mentor family and she felt welcome in their home. They invited her to come to therapy sessions to see what was happening and to help them carry out recommendations at home for their young child who had been diagnosed with moderate hypotonia. Michelle worked successfully with either parent playing with Jimmy and carrying out the suggestions made by the Birth to Three program physical therapist. The family asked her advice on new activities to try at home as well as rationales for the various treatment approaches. Michelle didn't know what to do, as a senior she was still taking classes in pediatrics and felt unprepared to respond, but she also wanted to be helpful.

TRUST

The Jordan's enjoyed having Jenny as their student. She was very good with their youngest son, Max, and they seemed to enjoy each other's company. Max was the youngest of the Jordan's three children and had been diagnosed with autism about one year ago. Up to this point Jenny had helped watch Max while Mrs. Jordan did chores around the house and spent some time with the other children. The Jordan's were aware that some of Jenny's time could be used as respite for the family, but had not had the opportunity to take advantage of it up to this point. They had a wedding coming up that they were going to attend and would need child care for several hours. Their only concern about leaving the children with Jenny for that period of time was that it would be during a mealtime and they weren't sure Jenny would be able to get Max to eat since he had certain routines during mealtimes that only his parents had been able to follow.

UNEXPECTED EVENTS

Sara was matched with the Hunters for the year. The family, parent facilitator and Sara had made a plan which involved having Sara go to the home every Tuesday afternoon. Late in the Fall, Sara became very ill and had to cancel three visits in a row. Sara didn't want to upset the family so she played-down her own illness and tried to act casual so she wouldn't alarm them. In reality, Sara was undergoing a battery of medical tests to evaluate her illness. The family began to wonder why Sara kept canceling, when she sounded fairly cheerful on the phone. Sara had promised to make up the missed visits over the holiday break and yet when the break came she ended up going home to see the family doctor and forgot to call the family.

FAMILY-STUDENT STORY

Leslie was a twenty year old senior, majoring in occupational therapy and participating in the year-long interdisciplinary training project. Leslie was especially excited about the family mentor activity within the training project, which matched each student with a family for the year. Her strenuous degree requirements had not given her time to ever work with a family in their home (e.g. respite). Leslie's personal life experiences had not included knowing individuals with disabilities, other than what she observed through her required rotations in the clinic. She had always excelled in school, yet had far less experience in interacting with people. In fact, Leslie identified "building parent-professional partnerships and working with families" as a primary objective for her year in the training project.

Leslie was matched with the Floyd family in the Fall. The Floyds had three children and were expecting a fourth. Jenn, seven, and Becca, three, were typically developing. Philip, five, had spina bifida. Philip was a bright boy with a great sense of humor and charm. Physically, he was challenged to the point where he needed considerable assistance from the adults around him. He also had asthma and was periodically hospitalized for respiratory distress. Philip was in his last year of early childhood at school.

The Floyds were excited to volunteer to be a host family when they learned that the student would provide some respite to the family in return for the experience. Mrs. Floyd, Gail, worked half-time as a bank teller and Mr. Floyd, Jim, held two jobs as a home-builder.

The training project required that Leslie focus an average of two hours a week on the family, either through direct contact or related activities. Leslie had access to an occupational therapy supervisor for discipline support as well as a family facilitator who was available for family mentor support.

The first semester Leslie participated mostly as an observer with the Floyd family. She observed the occupational, physical and speech and language therapy, at home and at school. She sat in on Philip's individualized education plan (IEP) meeting with the interdisciplinary team at school. She went to watch Philip in his therapeutic horse-back riding class. She visited him when he was hospitalized and observed the respiratory therapy. Leslie met with Gail alone a few times to talk about parent issues, financial resources and her training project objectives.

"I'm really interested in understanding about the types of supports which families can use to help them in raising a child with a disability." Leslie had asked.

"There are financial, emotional and educational supports which I can tell you about and tell you how our family has taken advantage of those supports." Gail responded and then proceeded to describe the services to Leslie.

When the second semester came, Gail had her baby and had less energy to organize observational opportunities and talk one-on-one with Leslie. The Floyds were extremely busy with the four children and their work schedules. Leslie still came for two hours each week and yet she was not sure how to move from her observational role to a more interactive role.

Gail had asked her, "How would you like to spend the rest of the year? You could continue to attend therapies or you could focus in on getting to know Philip. What would you like to do?"

Leslie had not answered because she was not sure what she was supposed to do. So Gail had said, "Why don't you read Philip some books and let me know later how you would like to spend future visits." Leslie had nodded her head even though she was worried about reading to Philip because it meant sitting on the dirty floor with him and dealing with the flea-ridden dog who kept approaching her for attention.

Leslie was conscientious and showed up exactly as planned. Several times Leslie would arrive and Gail had totally forgotten that she was coming and was surprised to see her. It seemed to Leslie that Gail was too overwhelmed to give her clear direction and information on caring for Philip. Leslie was respecting the fact that she was a guest in the Floyd's home and never wanted to do anything to offend the family. While Jim was at work and Gail tried to juggle feeding the baby, providing personal care to Philip, supervising the girls, and answering the phone. Leslie increasingly found herself standing in the kitchen doing absolutely nothing- being unsure what to do.

Leslie was realizing some things about herself through this experience. She had always been shy, and here, her shyness was impeding her ability to help Gail. She saw how difficult it was for Gail to be home alone with four children and yet didn't know where to begin to help.

Questions for discussion:

What are some of the challenges to this family-student match?

How could Leslie have helped Mrs. Floyd?

How could Mrs. Floyd have made Leslie feel more relaxed?

Is there some way that the training project could have facilitated the relationship to promote better student-family interactions?

Additional questions/comments?

Whitehead, The Family-Centered, Interdisciplinary Training Project in Early Intervention, 1995.

FAMILY MENTOR FORMS

1. FAMILY INFORMATION SHEET
2. FAMILY MENTOR LOG SHEET
3. EMERGENCY INFORMATION
4. PLANNING CALENDAR
5. PHOTOGRAPH/VIDEO RELEASE
6. TRAVEL REIMBURSEMENT FORM

FAMILY INFORMATION

Please fill out the following information to assist IDTrain staff in matching families and students.

Name: ______________________________

Address: ______________________________

____

Phone: ______________(H) ______________(W)

CHILDREN

Name	Age	Comments

Do you have pets?

Do you live within a few blocks from a bus stop?

Do members of your household smoke?

What times of the day or week are best for a student to visit you?

Are you open to hosting a student from a cultural or racial background other than your own?

Are there any other things that you would like us to consider when matching your family with a student?

FAMILY MENTOR LOG SHEET

Parent(s) ____________________

Student ____________________

Date	Time	State Whether an Activity or Respite Was Done	Total # of Hrs. in Family Mentor Project About 30 hrs/semester. This number may vary depending on when the student/family match was made.		Parent Initials	Student Initials
			Respite Hrs: 15 hrs/semester * see above	Activity or Family Hrs: 15 hrs/semester * see above		

EMERGENCY INFORMATION FORM

NAME ______________________________

ADDRESS ______________________________

____

HOME PHONE #: ______________________________

CHILD(REN)'S NAMES AND AGES: ______________________________

____

PARENTS WILL BE AT: ______________________________

ADDRESS: ______________________________

____

PHONE #: ______________________________

WILL RETURN BY: ______________________________

CHILD(REN)'S PHYSICIAN: ______________________________

HOSPITAL/CLINIC ADDRESS: ______________________________

____

PHYSICIAN/AFTER HOURS PHONE #: ______________________________

IN CASE OF EMERGENCY CONTACT: ______________________________

____

SPECIAL INSTRUCTIONS (nap/bedtime, feeding, diapering, medications):

____

____

FIRE/POLICE/AMBULANCE/SHERIFF: 911 Other: ______________________________
POISON CONTROL CENTER: 1-800-815-8855

EARLY INTERVENTION TRAINING PROJECTS

STANDARD RELEASE AGREEMENT

I agree and give full consent to the Waisman Center, University of Wisconsin-Madison, for my voluntary participation in the audio-visual production ______________________________.

I further consent to the use of these recordings for broadcast or cablecast anywhere for educational, informational, and promotional purposes by the Waisman Center or by any noncommercial organization as long and as often as is deemed necessary. My name, likeness, and statements spoken by me may be used for publicizing and promoting such broadcasts and other uses of the program.

I hereby release the University of Wisconsin-Madison, and the Waisman Center and the employees of these organizations, and any other noncommercial organization, broadcasting or otherwise, showing or distributing this program or any portion thereof, from any claim by me for damage to my person, property, or reputation.

I acknowledge that the Waisman Center and the University of Wisconsin-Madison is the owner of all rights, including the copyright in the program(s). I affirm that no further monetary consideration is due to me and waive all claims for any payment for future use of the program(s).

I understand that my consent is voluntary and does not affect in any way the services I receive from the Waisman Center.

Signature ______________________________ *Date* ____________________

Printed Name ______________________________

*Title** ______________________________

Agency/Firm ____

Address ____

____

*Guardians, please make note of your status on line "Title"

FAMILY-CENTERED, INTERDISCIPLINARY TRAINING PROJECT IN EARLY INTERVENTION

FAMILY PARTICIPATION

Travel Expense Report

Date	Purpose of Trip	To	From	Miles	Mileage Reimbursement (.25/mi.)	Lodging (attach receipt)	Meals (attach receipt)	Child Care	TOTAL

Signature____

Name (please print)________________________________

Address____

City/State/Zip_____________________________________

Phone________/__________________________________

Social Security #__________________________________

Manual Mentor de Familia

para el

Proyecto de Entrenamiento Interdisciplinario Centrado en la Familia en Intervención Temprana

Amy Whitehead
Carrie Pomije
Translated by Alicia García

1996

Waisman Center
University of Wisconsin-Madison

Queridas Familias,

Bienvenidos a la experiencia mentor de familia y muchas gracias por su participación. En el transcurso de los último cuatro años de este proyecto, los estudiantes han calificado su Experiencia Mentor de Familia como el área de mayor aprendizaje y disfrute. De la misma manera, familias han indicado los beneficios que proveen los estudiantes incluyendo: un par extra de manos, el sentimiento de estar influenciando a futuros profesionales; y el llamado "reposo".

Este manual pretende proporcionarle una guía de la Experiencia Mentor de Familia.

Esperamos que este su año que comienza con este proyecto sea positivo. Por favor déjenme saber a mí o a cualquiera del personal cualquier duda que tenga en cualquier momento. Siempre querremos oirle, no importa cuan grande o pequeña sea su duda o preocupación.

Gracias una vez más.

Sinceramente,

Carrie Pomije
Facilitador de Familia

Tabla de contenido

1. Propósito del proyecto: Resúmen

2. Listado de Personal

3. La Experiencia Mentor de Familia

4. Listado de revisión de libros

5. Normas para estudiantes

6. Evaluación

7. Reembolso de gastos de viaje

PROPOSITO DEL PROYECTO DE ENTRENAMIENTO ID

El Entrenamiento ID es financiado a través de una donación del Departamento de Educación de los Estados Unidos. El propósito principal del proyecto es entrenar pre-profesionales en intervención temprana interdisciplinaria centrada en la familia (desde el nacimiento hasta los 5 años). Básicamente, nosotros entrenamos estudiantes para que aprendan a trabajar con niños, sus familias y entre sí.

Cada año tenemos dieciseis estudiantes de las siguientes disciplinas:

- terapia ocupacional
- fisioterapia
- terapia del habla y del lenguage
- trabajo social
- educación general y especial
- enfermería

El Entrenamiento ID tiene gran cantidad de personal, representando una variedad de disciplinas, (ver listado de personal al final) para asistir a los estudiantes a aprender acerca de intevencion temprana, niñez temprana y trabajo con familias.

Los estudiantes participan en varias actividades en el transcurso del año. La experiencia mentor de familia es solo una parte de su entrenamiento; a ellos también se les asignan proveedores comunitarios, atienden un seminario semanal y participan en actividades en equipo con estudiantes.

Si Ud. desea más detalles acerca del Entrenamiento ID, no dude en llamar a Amy Whitehead al teléfono 263-5764.

EXPERIENCIA MENTOR DE FAMILIA

Como parte del Proyecto de Entrenamiento Interdisciplinario Centrado en la Familia en Intervención Temprana, los estudiantes participan en una variedad de actividades con programas, proveedores y padres. La Experiencia Mentor de la Familia es un componente crítico del entrenamiento.

El foco de la experiencia mentor de familia es proveer a los estudiantes la oportunidad de aprender directamente de la familia. Esta experiencia proporciona a los estudiantes una experience a fondo, compartiendo tiempo con una familia desde principios de Septiembre hasta principios de Mayo (ver calendario). Estudiantes se asignan a sus respectivas familias en Septiembre. Cada estudiante conocerá una familia que tiene un niño con necesidades especiales en edad de cero a cinco años. El objetivo de ésta experiencia mentor de familia es que los estudiantes adquieran una idea de lo que significa criar un niño con necesidades especiales en el hogar. Compartiendo una variedad de experiencias con la familia, los estudiantes ganarán conocimiento acerca del sistema de servicios que se ofrece y de cómo éste se adecúa a las necesidades de la familia. A continuación se específica la asignación estudiante-familia, incluyendo contactos iniciales, establecimiento de objectivos y ejemplo de actividades.

1. ORIENTACION ESTUDIANTE-FAMILIA

A principios de otoño estudiantes y familias pueden reunirse todos juntos o en parejas en el Waisman Center para aprender más acerca de la experiencia mentor de familia. Allí se da información completa acerca del proyecto, y familias y estudiantes se conocen entre sí, acuerdan horarios y preguntan dudas acerca del proyecto de entrenamiento.

Se ofrece un remmbolso por gastos de viaje a las familias y se provee servicio de cuidado a los niños de aquellas familias que deseen traer a sus niños a la reunión de orientación.

2. EMPAREJANDO ESTUDIANTE-FAMILIA/PRIMERA VISITA

Después de la orientación, se emparejan estudiantes y familias. Los estudiantes se asignan a las familias en función de horarios y del balance entre estudiantes en particular y necesidades de la familia. Cada estudiante envía una carta de introducción a su familia antes de la primera visita al hogar. El estudiante contacta la familia por teléfono y entre ambos acuerdan una hora conveniente para la primera visita. El facilitador de familia, Carrie Pomije, acompaña al estudiante en la primera visita al hogar.

3. ESTABLECIMIENTO DE OBJETIVOS

La familia y el estudiante hablan para identificar los objetivos y las actividades que compartirán durante el tiempo que estén juntos. Estos deben beneficiar a ambas partes. Tanto las necesidades de aprendizaje del estudiante como las prioridades de la familia serán consideradas al establecer los objetivos. El estudiante deberá encontrarse con la familia un promedio de 2 horas durante cada semana que la Universidad esté en sesión (ver calendario). Deben acumularse aproximadamente 50 horas, este total deberá ser repartido uniformemente en el transcurso del año. Este contacto contínuo puede ser compartido en diferentes formas. La familia y el estudiante puede desarrollar una lista de

284

actividades. La siguiente tabla incluye una lista de actividades sugeridas, aunque se invita a estudiantes y familias a ser creativos y decidir sus propias actividades.

EJEMPLO DE ACTIVIDADES ENTRE EL ESTUDIANTE Y LA FAMILIA

- Participar en la rutina del hogar
- Hacer una comida con la familia
- Acompañar a la familia a comprar alimentos
- Asistir a fiestas de cumpleaños, ligas de bowling
- Asistir a grupos de soporte pare padres, clases de natación, juegos en grupo
- Observar al niño en centros donde le proveen servicios (colegio, guardería, hogar, terapia, clinica)
- Asistir a un IFSP/IEP u otra conferencia de intervención temprana o niñéz temprana
- Asistir a citas médicas

4. CONFIDENCIALIDAD

Como parte del Proyecto de Entrenamiento Interdisciplinario, los estudiantes deben mantener confidencialidad acerca de las familias a las que son asignados. Las familias deben estar conscientes, sin embargo, de que los estudiantes escriben diarios con información de todas sus actividades y pensamientos acerca del proyecto de entrenamiento, y pueden describir en profundidad o hacer referencia a una experiencia vivida con su familia mentor. De igual manera, en seminarios, se invita a los estudiantes a compartir sus experiencia con el gurpo de entrenamiento. El comparir estas experiencias dentro de los límites de nuestro entrenamiento beneficia el aprendizaje de los estudiantes. Este compartir experiencias no irá más alla de nuestro programa de entrenamiento. Los estudiantes deben estar al tanto, sin embargo, de que aveces familias comparten información con la idea de ayudar al estudiante a entender mejor la situación pero no con la intención de que esta información sea compartida con una audiencia mayor.

5. REPOSO

Después de desarrollada y formada la relación entre el estudiante y la familia, se invita a la familia a solicitar al estudiante hacer 'reposo' para su familia. Reposo es cuando el estudiante asume responsabilidad por el/los niño/s y los padres quedan libres para hacer lo que quieran hacer. Algunas familias escogen dejar la casa e ir al cine o a cenar, mientras otras prefieren ocupar el tiempo preparando una comida o leyendo una revista.

Esta experiencia Mentor de Familia no provee ayuda financiera para familias, se espera que el estudiante ocupe alrededor de la mitad de las horas de visitas haciendo 'reposo'. El estudiante no recibirá dinero por este reposo. El reposo es una retribución que se otorga a las familias por su buena voluntad al abrir las puertas de sus casas para este proyecto. Sin embargo, si el estudiante y la familia hacen arreglos para reposo adicional, más allá de los parámetros de la experiencia de entrenamiento, ambas partes pueden negociar un acuerdo, el cual puede incluir pago.

6. OPORTUNIDADES ADICIONALES

Periodicamente en el transcurso del año, Carrie puede llamarlos para preguntar si estarían interesados en participar más a fondo en el proyecto de entrenamiento. A través de los años, padres han participado en variedad de formas, tales como compartiendo sus historias familiares en seminarios, leyendo una novela acerca de necesidades especiales y participando en nuestro seminario para su discusión, y haciendo las veces de anfitrión en un simulacro de Plan Individualizado de Servicio a la Familia practicado por un equipo de estudiantes. Estas actividades adicionales son totalmente opcionales y los padres reciven honorarios por su participación.

Dos reuniones de grupo adicionales se ofrecen a las familias como oportunidades para dar su opinión al personal acerca del proyecto. En invierno, se invita a las familias a venir al Waisman Center para compartir sus experiencias con sus estudiantes. En Mayo, familias, estudiantes y personal están invitados a una celebración de final de año en el Waisman Center. En este evento ofrecemos juegos para niños, comida y tiempo compartido para que las familias, una vez más, den su opinión acerca del proyecto. En estas reuniones se ofrece servicio de cuidado a niños y las familias reciven reembolso por gastos de viaje o de cuidado a niños.

7. FACILITADOR DE FAMILIA

Carrie Pomije es el facilitador de familia para este proyecto. Eso significa que ella es la persona a contactar si Ud. tiene cualquier pregunta, preocupación o quiere dar su opinión. Ella puede ser localizada en el 265-4461; por favor no dude en llamarla en cualquier momento, ella siempre lo atenderá con mucho gusto.

NORMAS PARA ESTUDIANTES
1996-97

Se espera que los estudiantes sigan las siguientes normas al trabajar con sus familias:

1. **Mantener confidencialidad**: Toda la información que se les dé o que oigan acerca de una familia o niño, es completamente confidencial y no debe ser compartida con nadie fuera de este proyecto de entrenamiento.

Ustedes no deben:

a) Discutir acerca de sus familias en areas públicas tales como sanitarios, comedores, ascensores y pasillos.

b) Dejar material escrito acerca de familias en lugares donde puedan ser vistos por gente no involucrada en el caso.

c) Usar nombres de miembros de la familia al discutir acerca de ellos fuera de la clínica

2. **Respetar citas** que se hayan acordado. Si Ud. no puede asistir a una cita, deberá llamar a su familia y dar una explicación clara.

3. **Cumplir son sus responsabilidades** tal como se especifica en su Plan de Aprendizaje Individualizado. Por favor lleve nota de compromisos que haya hecho con familias. Esta es una parte importante en el desarrollo de relaciones que le ayudara a entender el significado de "cuidado centrado en la familia". Esto demuestra respeto por otros y su tiempo, a la vez que desarrolla confianza.

4. **Compórtese como profesional** durante todas las actividades. Ud. está representando su profesión, su equipo y el proyecto Entrenamiento ID. Respete a su familia y a Ud. mismo.

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OPINION SOBRE LA ACTIVIDAD MENTOR DE FAMILIA

1. Qué le gustó de la Actividad Mentor de Familia?

2. Qué no le gustó de la Actividad Mentor de Familia?

3. Qué cambios sugiere para el próximo año?

4. Qué le pareció su rol como maestro?

5. Cuáles son tres puntos claves que Ud. siente que compartió con sus estudiante en el transcurso del año?

6. Ud. cree que el estudiante adquirió una idea de lo que es la experiencia de una familia con un niño con necesidades especiales?

7. Ud. recomendaría esta actividad a otras familias? Por qué, por qué no?

8. Si su niño/a con necesidades especiales esta entre las edades de cero a cinco años el próximo año, estaría Ud. interesado en participar otra vez?

Gracias otra vez!

Nombre (opcional):

INFORMACIÓN FAMILIAR

Por favor llene la siguiente información para ayudar al personal de Entrenamiento ID a parear estudiantes con familias.

Nombre: ______________________________
Dirección: ____________________________
____
____
Teléfono: ______________(HAB.)____________(OF)

NIÑOS

Nombre	Edad	Comentarios

Ud. tiene animales?

Vive Ud. a pocas cuadras de una parada de autobús?

Miembros de su familia fuman?

Qué momentos del día o de la semana son más adecuados para recibir la visita del estudiante?

Esta Ud. dispuesto a recibir un estudiante de un grupo racial o cultural diferente al suyo?

Hay otras cosas que a Ud. le gustaría que nosotros consideráramos al asignarle a su familia un estudiante?

FAMILIA: AUTORIZACION PARA USO DE FOTOGRAFIAS/VIDEOS

Yo apruebo el uso de fotografías y/o videos, descritos a continuación tomados durante mi participación con el ***Programa de Entrenamiento Interdisciplinario Centrado en la Familia en Intervención Temprana.*** Fotos o videos de la persona bajo mi custodia o míos pueden ser tomados. Se entiende que estas fotos/videos son para para propósitos educacionales o promocionales tales como: folletos, guías de entrenamiento, y seminarios del Waisman Center, Madison, Wisconsin.

Entiendo que yo y/o la persona bajo mi custodia no recibirá reembolso monetario por el uso de tales fotografías y/o videos.

Entiendo que mi consentimiento es voluntario y no afecta de ninguna manera los servicios que recibo del Waisman Center.

Firma:______________________________ ***Fecha:***_______________

Dirección: ____

____

Testigo: ______________________________ ***Fecha:*** _________________

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Introduction: Community Program Practicum

> *An interdisciplinary practicum brings together a variety of participants with different histories of education and professional service. Creating an effective learning experience for students, while also rewarding site personnel and families for their contributions, can be a challenging task. Success in this endeavor requires specific actions before and during the practicum as well as initial and ongoing attention to the relationships involved.*
> *(Rosenkoetter & Stayton, 1997, p. 462)*

Early intervention personnel preparation which includes the opportunity to participate in supervised experiences with practitioners in a variety of community settings enhances the meaning and relevance of such training to the participant (Wesley, P. W., & Buysse, V., 1997). The community program practicum component provides students with the opportunity to observe community program staff and practice skills in a variety of early intervention programs. Practicum opportunities can include any setting in which young children are receiving early intervention/childhood services. Early intervention programs, home and center-based, toddler groups, hospital or clinic-based therapies, inclusive and /or family day cares, public school-based early childhood classrooms, and are all potential practicum opportunities for students.

Students are given opportunities through specific activities designed to enhance their skills in working with children and families. Students complete assignments during their two-hour weekly practicum over the course of this two-semester project. This provides a structured opportunity to observe program staff during their work with children and their families. Some of the goals identified for trainees within the community placement practicum include: increased knowledge of the variety of services available to young children and their families; increased knowledge of the strategies and techniques used to assist and support children and families; exposure to and practice with the principles of family-centered care; increased knowledge of the work of related disciplines; observation and practice working as a member of an interdisciplinary team, and practice in planning activities for children and families.

Trainees are encouraged to gain experience both within and beyond their own academic disciplines. Project staff are committed to making certain that trainees see children in a variety of natural settings, including family homes, as well as more medical or educational situations. Preservice training activities occurring in natural work settings offer the highest possible level of skill development during training (Wesley et al., 1997).

Included in this module are a series of learning tools to be completed by individual students at their community placement cite. Appendices are also provides at the end of the module which may be especially useful to trainers who would like to replicate this model.

Community Program Experiences

At the beginning of the semester, students individually identify their areas of interest, including personal goals to address in a community program (see Appendix A). Students are matched with a provider working in a community program serving children ages birth to five. The community provider acts as the student's mentor for the practicum experience. Each student schedules an initial meeting with their discipline supervisor and community mentor early in the semester. At this time, learning goals are developed specific to this practicum experience and learning activities are outlined. The plan is designed to facilitate the student's movement through a progression of activities that lead from observation to practice.

For the first semester, students decide with their discipline supervisor whether to be matched with a provider from their own discipline or another. This decision is often based on students' individual learning goals, experience in their own discipline, or experience in teaming and learning with other disciplines. Students may remain in one placement for the entire year, participate in practicum experiences in two or three community programs, or visit a variety of program models. Students are expected to demonstrate professional etiquette within the community placement, (see Appendix B).

Community Program Practicum Activities

The following activities are completed over the academic year, as part of the community placement practicum. Each student discusses the required training activities with his/her discipline supervisor and completes a timeline for these assignments after an initial meeting with his or her community mentor. Completed assignments are reviewed by the discipline supervisor during weekly supervision, discussed in seminar, and logged on the Training Requirements Summary Form (see Appendix C). While completing these activities, students are encouraged to reflect on the components of family-centered care, interdisciplinary team functioning, and cross cultural issues. For each activity, students note their observations, a description of the activity, and critical thoughts on the experience in their training journal.

In addition to activities outlined in the learning tools, the following are intended to enhance the community practicum experience:

- Interagency meetings
- Multidisciplinary team evaluations
- Assessments
- Childcare visits
- Hospital, clinic, or medical appointments
- Parent support group meetings
- Play groups
- Discussion with provider if family cancels

- Service coordination duties
- Interaction with siblings
- Diversity curriculum review
- Assistance in setting up and supporting parent meetings (prepare handouts, provide childcare, etc.)

SUMMARY OF LEARNING TOOLS	
Learning Tool	**Learning Tool Focus**
1	Review a Service Plan or Care Plan
2	Child Observation Activity
3	Implementing a Child or Group Activity
4	Attending a Staff or Team Meeting
5	Attending a Transition Meeting

Learning Tool #1:
Review a Service Plan or Care Plan

What Will Be Learned

Students become familiar with the Individual Family Service Plan (IFSP), Individual Education Plan (IEP), or hospital care plan.

How Long Will It Take

1 hour or adequate time needed to thoroughly review a plan and discuss it with the service provider at the program.

What You Will Need

- Consent forms signed by parents or guardians to review a child's plan
- Completed IFSP, IEP or hospital care plan
- A private space at the community program site to review/discuss confidential information

Instructions

Students should become familiar with the community program's protocol for obtaining parental consent to review a plan for a child, as well as the agency's procedure for reviewing their records. The student may examine the plan and meet with the community program staff to discuss specific components of the plan (e.g., who was involved in writing the plan, what goals are outlined, and perceptions of the strengths and needs of the plan).

Learning Tool #2: Child Observation Activity

What Will Be Learned

Students become familiar with observing the play and behavior of young children and making observations of one or more areas of development, using an informal assessment tool.

How Long Will It Take

1 hour

What You Will Need

Informal assessment tools to review:

- Transdisciplinary Play-Based Assessment (Linder, T.)
- Early Learning Accomplishment Profile (ELAP)
- Hawaii Early Learning Profile (HELP)

Instructions

The student, under the guidance of community program staff, chooses a child for the purposes of this observation activity. The student selects a structured guide, checklist or other informal assessment tool to use in observing a child within the community program. The student completes a summary of the child's strengths and needs in the developmental area(s) selected.

References

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Johnson-Martin, N. M., Attermeier, S. M., & Hacker, B. J. (1990). The carolina curriculum for preschoolers with special needs. Baltimore: Paul H. Brookes Publishing Co.

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Linder, T. W. (1990). Transdisciplinary play-based assessment: A functional approach to working with young children. Baltimore: Paul H. Brookes Publishing Co.

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Welt Garland, C., & Frank, A. (1997). Building effective early intervention teamwork. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in early intervention: Issues, models, and practical strategies. Baltimore: Paul H. Brookes Publishing Co.

Learning Tool #3: Implementing a Child or Group Activity

What Will Be Learned

Students learn the skills necessary to facilitate a play activity with a child or small group of children.

How Long Will It Take

20-40 minutes

What You Will Need

- Materials for planning and implementation of activity (e.g., toys, art supplies, music, children's books)

Instructions

This activity is planned and completed during the community program time. The student plans and implements a child-focused activity. Students should be aware of IFSP or IEP objectives for the children participating in the activity, and attempt to address the objectives through components of the activity. If there is more than one student at a community program site, a group may work together on this activity. Students bring closure to this activity by writing a detailed description of the activity and observations of its implementation.

Learning Tool #4:
Attending a Staff or Team Meeting

What Will Be Learned

Students become familiar with the structure of meetings at a specific community program site and identify team member roles.

How Long Will It Take

1 hour or longer

What You Will Need

- Permission to observe the meeting
- Knowledge of who will be in attendance and the agenda
- Notebook and pen for written observations

Instructions

Each student attends a staff or team meeting during his or her community placement. Students should review the dates and times of team meetings with the community program staff and seek permission to attend a meeting. During the meeting, the student can identify and examine the following:

- Team member roles
- Team style and function
- Leadership
- How information about families is shared
- Inclusion of parents
- Process and content
- Decision making

Learning Tool #5:
Attending a Transition Meeting

What Will Be Learned

Students learn the process and components of a meeting to plan a child or family transition (e.g., moving into or out of an early intervention program, moving from hospital to home, geographic move involving beginning a new early intervention program).

How Long Will It Take

1 hour or more

What You Will Need

- Permission from the parents or guardians to attend a transition meeting
- Pen and paper for making written observations

Instructions

Each student attends a meeting during which plans for a child and/or family transition are discussed. Students may make observations of the type of transition being planned, the specific steps of the transition process, and the roles and responsibilities of different team members involved in the transition plan.

Community Program Practicum Appendices

SUMMARY OF APPENDICES	
Appendix	**Appendix Focus**
A	Community Placement Form (For Trainees)
B	Student Etiquette
C	Training Requirements
D	Initial Letter to Community Providers
E	Community-Based Early Intervention Program Experience Information Packet
F	Activity: Three to Five Year Old Program Observation
G	Community Program Evaluation Form (For Community Mentors)
H	Community Program Mentor Thank You Letter

Appendix A

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Community Placement Information

NAME:

DISCIPLINE:

Do you have a specific request for a community placement?

Please describe any areas you would like to learn more about that may be experienced within community placement activities, (e.g., home-based early intervention, hospital experiences, inclusive preschool settings, child care).

Do you have a preference to work with a provider from your own discipline? Please specify.

Do you prefer to have an extended period of time in one early intervention program model, or to see a variety of programs and situations?

Appendix B

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Student Etiquette

Students are expected to follow the principles of etiquette below when working with their community mentors:

1. Maintain confidentiality about families. You will be exposed to privileged information regarding diagnoses, family circumstances and challenges. All information you are given or hear about a family or child is completely confidential and must never go beyond the confines of this training project.
2. Take responsibility for initiating contact with your community supervisor. The community staff is very busy and it will be your job to contact your supervisor.
3. Call if you are unable to keep a commitment with your community supervisor and give a clear explanation. Find out early who you should contact in the event that you need to cancel and cannot reach your community supervisor.
4. Follow through on your responsibilities as outlined in your Individual Learning Plan. While individually developed, the plan should reflect your participation progressing from observation to increased practice and responsibility.

Appendix C

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Training Requirements Summary

TRAINEE NAME: ______________________________

DISCIPLINE: ______________________________

SUPERVISOR: ______________________________

This summary will help to track trainee hours, activities and assignments. Trainees will keep and complete a copy and bring to supervisory meetings.

SEMESTER SUMMARY OF CONTACT HOURS:

Activity	Hours Required	Hours Completed	Date
Seminar	37.5 per semester		
Supervisor Meeting	15 per semester		
Mentor Family	26-30 per semester		
Mentor Family Supervision	1-2 per semester		
ID Team Activity	30 per semester		
Community Program	26-30 per semester		
EI Information	15 per semester		
SEMESTER TOTAL	**159.5**		

ACTIVITIES

1. Fall Seminars:

Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

2. Spring Seminars:

Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

3. Supervisor Meetings:

Fall Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

a. Individual Learning Plan:

☐ Date completed ____________

☐ Dates reviewed ____________

☐ Dates reviewed ____________

☐ Dates reviewed ____________

☐ Dates reviewed ____________

b. Journal/Contact Log:

☐ Dates reviewed ____________

☐ Dates reviewed ____________

☐ Dates reviewed ____________

☐ Dates reviewed ____________

☐ Dates reviewed __________

4. Mentor Family:

Date Started __________

Fall Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Supervision:	☐	☐													
	1	2													

5. Early Intervention Community Program:

Date Started __________

Program ______________________________ Staff ____________________

Fall Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Community Activities: (Fall and Spring semesters)	Date Completed
☐ Review a Service Plan or Care Plan	__________
☐ Attend a staff or team meeting	__________
☐ Child Observation Activity	__________
☐ Plan and implement a child or group activity	__________
☐ Interview a parent or primary care-giver	__________
☐ Program Profile	__________
☐ Attend a Transition Meeting	__________
☐ Cross-Cultural Competencies	__________

ADDITIONAL COMMUNITY PROGRAM ACTIVITIES (Check all that apply)

- ☐ IFSP/IEP meeting
- ☐ Staff meeting
- ☐ Link or Missing Link meeting
- ☐ Evaluation
- ☐ Assessment
- ☐ Childcare visit
- ☐ Visit to a clinic or hospital
- ☐ Provide childcare at a Parent meeting
- ☐ Attend toddler group
- ☐ Discuss issues with provider if family cancels
- ☐ Provide service coordination duties (e.g., calls about resources)
- ☐ Play/interact with sibling(s) as child with special needs gets treatment
- ☐ Assist in preparation for and participation in a group parent meetings (e.g. logistics, handouts, preparation)

Community Program Supervision

☐ Initial Fall Meeting ___________

☐ Initial Spring Meeting ___________

☐ Dates Reviewed/Feedback ___________

☐ Dates Reviewed/Feedback ___________

6. Interdisciplinary Trainee Teams:

Date Started _________

Fall Team Meeting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Team Meeting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Team Activity	**Date Completed**
☐ ACTIVITY PLAN & LITERATURE SEARCH	____________
☐ FAMILY INTERVIEW	____________
☐ EVALUATION & WRITTEN REPORT	____________
☐ IFSP WITH FAMILY	____________
☐ INDIVIDUAL PAPER SUBMITTED	____________
☐ SEMINAR PRESENTATION OF TEAM ACTIVITY	____________

7. Early Intervention Information:

☐ Date Completed ____________

Conferences, Workshops Attended (dates)

☐______________ ☐______________
☐______________ ☐______________

Appendix D

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Initial Letter to Community Providers

Date
Program Provider
Address

Dear Provider (Name),

Hello! September is fast approaching and we are beginning a new year for the Family-Centered Interdisciplinary Training Program in Early Intervention (IDTrain). We have an enthusiastic group of trainees this year who are excited about beginning the semester's activities. Trainees represent the disciplines of special education, early childhood education, social work, speech and language pathology, occupational therapy, physical therapy and nursing.

Thank you for your willingness to participate in the IDTrain Program. We are providing the enclosed information for you to review and use during the time you will be spending with your student. Included with this letter is information on guidelines for the program experience and the required activities that students will complete.

For the______________ semester your student is__________________________. She/He is a(n) graduate/undergraduate student in (discipline), and is looking forward to gaining hands-on experience with the families in your program. (Student name) can be reached at_____________. If you have any questions or concerns you can contact the student's discipline supervisor at the number listed below.

Thank you again for your support in these training efforts.

Sincerely,

Supervisor Name
Phone

309

Appendix E

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Community-Based Early Intervention Program Experience

Our goals for the trainees during their experiences with your program include:

- Learning about and practicing the principles of family-centered care
- Experiencing different service models including home and center-based care
- Observing and gathering information about how other professionals work with children and families
- Observing an interdisciplinary team at work
- Observing cross-discipline/joint discipline early intervention services

Trainees also benefit from involvement and experiences with IFSP/IEP development, service coordination, and exposure to the transition process.

We would like to propose the following guidelines for the community program practicum. We would appreciate any input or ongoing feedback from your staff.

Guidelines for the community program experience:

1. Each trainee meets with a community program staff person to specify dates, times, goals and activities for the experience. IDTrain staff are available to attend the first meeting and other meetings as needed. The trainee's Individual Learning Plan will also be discussed with the community program staff at this initial meeting.

2. Each trainee is required to spend approximately two hours/week in the community placement (26-30 hours/semester). Please note that the students follow the University calendar and will, for example, be on holiday from December to January (calendar attached). The student can schedule a set time for each week during the first semester.

3. Trainees' participation in program activities are to be decided on an individual basis. The general plan should include a progression from observation to a position of increased responsibility as the trainee gains experience.

4. Trainees are responsible for completing a log that documents time spent on community program activities. This will be reviewed weekly with their IDTrain supervisor.

5. Community program staff will be asked to complete a short evaluation of the trainee at the end of the semester to give feedback on performance and continuing goals and learning objectives.

The IDTrain students benefit from being involved in all activities of your program from observations, (e.g., home visits, play groups, developmental activities, daily care) to meeting with staff during their planning time to learn about how to plan for home visits, services and service coordination. Also, consider how they can best fit into your schedule, and how they can be useful to you and the families with whom you work. You may or may not be assigned a trainee from your own discipline. Working with a staff member from a different discipline can enhance trainees' knowledge of how other professionals work with children and families and build their ability to work within an interdisciplinary team.

You can consider having students:

- Observe initial evaluations for eligibility
- Review records
- Observe and participate on home visits
- Participate and assist in planning a toddler group
- Gather articles or information you might need for a family or parent group
- Participate in family support group meetings
- Attend classroom events and activities

Your staff are in the best position to decide if it is better to have a student observe a few different families or work with you with one particular family. Some students may be learning about different disabilities and may benefit from observing you work with a variety of children.

We have heard very positive comments from past years' trainees about their community program experiences. We appreciate this opportunity to work together to teach and train this next cohort of early intervention/early childhood professionals. Please let us know your questions and concerns.

Community Program Training Activity Requirements

The following activities are completed as part of the community placement practicum over the academic year. Each student will choose specific activities and complete a timeline for these assignments after an initial meeting with their community mentor. Completed assignments will be reviewed by the discipline supervisors during weekly supervision, discussed in seminar, and logged on the Training Requirements Summary form. While completing these activities, students are encouraged to reflect on the components of family-centered care, interdisciplinary team functioning, and cross cultural issues as they gather information. For each activity, students will note their observations, a description of the activity, and critical thoughts on the experience in their training journal.

1. Review a service plan or care plan. Each student will review an IFSP, IEP, or care plan for a child in the community program. Students will ask community mentors to identify families who would be willing to have students review this information. Students will identify the components of the plan; those who were involved in the process of writing the plan; goals that were identified; and the strengths and weakness of the plan.

2. Attend a staff or team meeting. Each student will attend a staff meeting or a team meeting at least once during the course of the year. At the meeting, the student can identify and examine the roles taken by team members and the team style and function (leadership, inclusion of parents, process and content, and decision making.)

3. Child observation activity. Each student will select a structured guide to use in an observation of a child in the community program. This can be a checklist or other informal assessment tool for one developmental area (e.g., social interactions, motor skills, communication. or cognitive development. The student will complete a worksheet and summarize the child's strengths and needs in the area selected.

4. Plan and implement a child or group activity. Each student will complete this activity during the community program time or as part of a program-related activity (e.g., childcare for a parent meeting). Students will plan and implement a child-focused activity. If there is more than one student at the site, they may work together on this assignment. In the description, the student(s) will provide feedback on how they might do it the same or differently on another occasion.

5. Interview a parent or primary caregiver. Each student will ask the community mentor for permission to ask a family member to be interviewed. The student will develop an interview plan with his/her discipline supervisor or community mentor for feedback. The student may then ask the family member if he or she would be willing to be interviewed. When communicating with the family member, students need to observe the following guidelines: explain the purpose and interview plan with the family ahead of time; schedule the interview at a time convenient for the family member; remind the family member that confidentiality will be upheld within the confines of the training project, and offer to share any notes with the family member.

6. Program profile. Each student will describe the components of their selected community program. Students will draft a brief program profile which will include factual data (e.g., demographics), philosophical information (e.g., attitude, approach), and description of team dynamics or structure.

7. Attend a transition meeting. Each student will attend a meeting during which plans for a child and/or family transition (e.g., moving into or out of an early intervention program, hospital discharge, move to kindergarten, geographic move) are discussed. Students will provide a brief description of the meeting, who was in attendance, and the outcome of the meeting.

8. Cross-cultural competencies. There are many approaches to exploring the aspects of cultural diversity within a program. Each student will gather information about how individual family or community culture might influence participation in a particular community program. Students may choose to explore this issue from the perspective of individual staff or the overall program. Possibilities may include interviewing a staff member about ways in which the program facilitates diversity; interviewing a staff person or parent about their experiences; reviewing a diversity curriculum used in the program; or attending a program-sponsored cultural event. Students are encouraged to be creative and to discuss ideas with their clinical supervisor.

9. Additional activities: Below is a list of additional activities in which students may participate as part of the community program experience:

   - Interagency meetings
   - Multidisciplinary team evaluations
   - Assessments
   - Childcare visits
   - Hospital, clinic, or medical appointments
   - Parent support group meetings
   - Play groups
   - Discussion with provider if family cancels
   - Service coordination duties
   - Interaction with siblings
   - Review of a diversity curriculum
   - Assistance in setting up and supporting parent meetings (prepare handouts, provide childcare, etc.)

Appendix F

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Three to Five Year Old Program Observation Form

1. Describe the program you observed for children ages three-to-five. Who were the children? How was the program staffed?

2. How would you characterize the program model (e.g., system-centered/child-centered/ family-centered)?

3. In what ways are parents included or not included in the program?

4. What disciplines make up the teams? What model of teaming do they use?

5. Contrast and compare what you know about birth to three programs and the three-to-five-year-old program you observe, (e.g., similarities in service delivery, philosophy, intervention?)

6. Identify three strategies that are contributing to the successful inclusion of children with special needs. What challenges to inclusion do you observe?

7. If you were designing and operating a three-to-five-year-old program, what aspects of this program would you keep and what would you change?

Appendix G

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Community Program Evaluation

Over the course of this year, you have assisted IDTrain students by providing them with an opportunity to participate in early intervention and early childhood services. It will be helpful if you would complete the questions below.

1. What did you observe to be the benefits of this training component?

2. What did you observe to be the challenges of this training component?

3. What suggestions might you make for next year?

4. Other comments?

Name: (optional):________________________________ Date:____________

Thank you!

Appendix H

FAMILY-CENTERED INTERDISCIPLINARY TRAINING PROGRAM IN EARLY INTERVENTION (IDTRAIN)

Community Program Mentor Thank You Letter

Date

Community provider name
Address

Dear ___________,

The staff of the Family-Centered Interdisciplinary Training Program in Early Intervention (IDTrain) would like to thank you for participating this past year in training our students. The community placement component has been a very important and worthwhile experience for the students, and we appreciate this opportunity to work with you to train this group of future early intervention professionals.

We have heard very positive comments from this year's group of trainees about their community program experiences. Your feedback is important and helpful to us, as well. Would you please take a few minutes to fill out the enclosed evaluation form and return it to us in the envelope provided? We appreciate your time and insights.

Thank you again for your participation in IDTrain. We hope that you will continue to provide these important experiences to students in this program in the next year.

If you would like to make any comments about the program or your student in person, please feel free to call (staff name) at (number) during the daytime hours.

Sincerely,

____

Introduction: Trainee Supervision

> *When it's going well, supervision is a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions, and differences. Supervision parallels good work with families, the place for parents and children to feel safe enough to recognize the worst and best of their feelings and capabilities with a partner who helps them get where they need to go. (Shanok, 1995, p. 37)*

This module contains an overview of how trainee supervision is threaded throughout the interdisciplinary training project. In addition, appendices provide tools for trainers and faculty who would like to replicate this component of the project. The Table at the end of this introduction, summaries the appendices which follow.

In recent years, various models have explored effective approaches to support trainees by means of individual relationships. Gallacher (1996) outlines supervision, mentoring and coaching, distinguishing the three models by their particular characteristics, strengths and weaknesses. As Gallacher points out, these three approaches share a fundamental purpose: to support personnel or trainees. In this training project, the term "supervision" is used. However, due to the wide variety of trainees in the program, and the range of academic, professional and personal learning/performance levels, the supervision in this program, at times, may be closer to mentorship and/or coaching. For example, students range from a twenty-one-year-old senior in an occupational therapy undergraduate program, to a neonatal intensive care unit (NICU) nurse with many years' experience and is returning for an advanced degree. In addition, some students vary in their level of independence, responsibility and accountability, which requires staff to be flexible in the approach to supervision.

At the beginning of the training year, each student completes a self-assessment and an individualized learning plan (ILP), (Rosin, 1991). The self-assessment is divided into four content areas: basic early intervention knowledge, family-centered care, cross-cultural issues and interdisciplinary teaming. Students rate their own knowledge and skill level on a four-point scale ranging from having no knowledge or no skills, to being able to teach the knowledge or demonstrate the skills to others. Based on the completion of the self-assessment, students then complete an ILP. The ILP, which parallels the IFSP process, aims to give students an opportunity to reflect on their own priorities for learning in the field of early intervention. Students identify outcomes, strategies to meet those outcomes, resources and a timeline. The ILP can be updated at any time during the year and serves as a guide for determining the types of learning activities in which the student will participate during the course of the training project. The ILP is a tool

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which the supervisor and student use within this relationship of supporting personal and educational growth and learning.

Time spent in supervision can be viewed as an opportunity to reflect on process and approach learning from many directions. This is not always available in the "real" world of day-to-day practice. Reflective supervision, as defined by Gilkerson (1994), provides the student and supervisor time for active participation in learning. The primary benefits to this approach are that it:

- Provides students a safe environment to reflect and process their experiences;
- Provides students with perspective from a practicing provider;
- Allows staff to monitor and guide student participation in all aspects of the training program;
- Provides students with an opportunity to work on individual skills and knowledge; and
- Reinforces active participation in the learning process.

Trainees participate in four modes of supervision over the year. The purpose of these supervisory relationships is to provide trainees with support and reflection on their training experiences. Supervisors model professional behavior, skills and knowledge. Information shared during supervision also offers staff the opportunity to provide support around conflicts or challenges that trainees may be experiencing, to serve as a sounding board and to provide a philosophical framework for trainees' learning experiences. Below, the four modes of supervision are described.

Modes of Supervision

1. Discipline Supervision

Each trainee meets with a supervisor from his or her own discipline once a week. The focus of this meeting is to discuss past training activities, plan for upcoming training activities, and discuss trainees' reflections, questions and concerns about the activities.

Trainees are responsible for identifying the main topic for each session. In addition, trainees keep a contact log, which summarizes their project activities. Supervisors are responsible for keeping scheduled meetings, providing support in developing individual learning objectives, and providing information, support and feedback relevant to trainees' experiences and needs. The supervisory hour is a time to develop, review and evaluate the student's learning objectives; practice skills; role-play difficult situations; problem-solve; listen and give/receive feedback.

As part of disciplinary supervision, trainees may also meet with a supervisor from another discipline, or more than one supervisor may meet with a small group of students, which broadens the trainees' perspective. This approach models methods of team collaboration and support, while respecting confidentiality.

2. Mentor Family Supervision

This training project has a parent of a young child with special needs on the staff as a *family or parent facilitator*. The role of the family facilitator is to represent the parent perspective and to coordinate the family mentor experience (see the Family Mentor Module). In the beginning of the year, each trainee meets at least once with the parent facilitator at the participating family mentor's home. Trainees meet in a small group with the family facilitator at least once during the semester to reflect on and discuss issues related to the family mentor experience. Trainees are responsible for identifying topics of concern or interest to bring to the discussion, describing the experiences they have had with their mentor families. This is a time to reflect on how to effectively communicate with families, to problem solve difficult situations, and to share strategies for developing a comfort level while working closely with families in their homes. The family facilitator is available for support to trainees during seminar discussions and individual meetings, as well.

3. Community Program Supervision

Trainees meet with their discipline supervisor and community program supervisor before beginning community program activities. At this first meeting, learning objectives for the experience are discussed, as well as guidelines for communicating and scheduling. During weekly visits and program activities, the community program staff member is directly responsible for supervision of the trainee. This includes giving trainees firsthand knowledge of community-based early intervention service models; helping trainees define their roles and interactions with children and families; providing direct feedback on interactions and skills in working with children, families and program staff; and sharing relevant information about specific children and families, as needed. The community program supervisor also provides feedback to the discipline supervisor and reports any issues or challenges that need attention. The trainee, discipline supervisor and community program supervisor meet additionally, as needed.

4. Team Project Supervision

Student teams work together on a variety of projects throughout the course of the year, (see Team Activities Module). Supervision is provided to each team by individual staff members. One staff member is assigned to each student team, though there may be times when a particular discipline or parent perspective is brought into the team. Each team requires different amounts of support from the staff supervisor. The continuum ranges from teams which are highly self-directed, skilled, confident and independent, to teams which are working to find organization and communication skills. Supervisors meet with the teams each week. Typically, the supervisor observes the students in their work, offering clarification on assignments, suggestions when the team struggles and resources to enhance student learning. Staff may provide information or resources regarding specific disabilities, assessment procedures, health, child and family interactions, issues related to team functioning, and logistical support (e.g., release of information, medical records). Supervisors receive written updates of project plans and progress from team members. In some cases, a team may identify a student contact person to act as a liaison with the supervisor, though in general, all team members benefit from full access to the staff supervisor.

The staff supervisor is intentionally peripheral to the team, so that the students can develop their own style of team functioning and problem-solving. Experience has taught staff that if too much staff intervention occurs, then the students come to see the team leadership with the staff and not themselves. When implementing this training component, special attention must be given to the balance of just how much support to provide to a team. Too little support is likely to result in a team's confusion and low functioning. Too much support may result in lowering the potential for growth and learning for both the individual team members and team.

SUMMARY OF APPENDICES FOR TRAINEE SUPERVISION MODULE

Appendix	Appendix Focus
A	Individualized Learning Plan
B	Knowledge and Skills Self Assessment
C	Training Requirements Summary
D	Weekly Activity Log

Appendix A

The Individual Learning Plan (ILP): Instructions

STEP 1: OUTCOMES Column

After you have completed the Open-Ended Questionnaire (OEQ) and/or Skills and Knowledge Self-Assessment (SKSA), organize the information on the Individual Learning Plan. This is your plan for the course. The ILP is a tool to assist you in organizing your goals, strategies, resources and timelines for reaching goals. The ILP is also a method of monitoring and evaluating your progress toward your course outcomes.

List the outcomes that you have written on the OEQ or determined from completing the SKSA on the ILP in the OUTCOMES column. Notice that the outcomes should be listed in the order of importance you have assigned them.

STEP 2: STRATEGIES Column

Next to each outcome, list what strategies you might use to achieve the goal. The strategies are the result of your creative brainstorming of means to accomplish the goal. Each strategy is specific to your goal and there may be a variety of ways to achieve the goal. It is important that your strategies be based on your strengths, resources and preferences.

STEP 3: RESOURCES Column

Think about and list what resources you have or think you might need to attain your outcome. There are many personal, professional or community resources that you may draw upon in completing the RESOURCES column. Remember that you can consider the course instructor as a resource and as someone to facilitate your getting the resources you need.

STEP 4: Timeline Column

You can use the timeline column as a time manager. Each of your outcomes may differ in the amount of time and effort needed for their completion. If you have listed multiple outcomes, think about how you might coordinate and complete each in a timely fashion.

STEP 5: EVALUATION Column

You are reminded that the ILP is part of the Self-Assessment. The monitoring and evaluating of the ILP is strictly for self evaluation. It is recommended that you keep the ILP and refer to it frequently to monitor your progress toward your goals. At least at the midpoint and end of the course, the rating scale should be applied to evaluate your outcomes. A number from 1 to 5 is assigned to determine your point on the continuum from no activity on a selected outcome to completion of the outcome (1 = No activity, 2 = Started, 3 = Half way there, 4 = Mostly accomplished, and 5 = Completed). A letter is assigned to designate whether the originally listed outcome continues as an outcome (a = No longer an outcome, b = Still an outcome).

THE INDIVIDUAL LEARNING PLAN

Name:________________________________

OUTCOMES (Prioritize)	STRATEGIES	RESOURCES	TIMELINE	EVALUATION Rating / Date
				Number/Letter **RATING SCALE** Number: 1. No activity 2. Started 3. Half way there 4. Mostly accomplished 5. Completed Letter: a = no longer an outcome b = still an outcome

From: Rosin, P. Tuchman, L., Whitehead, A., Jesien, G. (1991). Individualized learning plan. Madison, WI: Family-Centered Inservice Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

Appendix B

Knowledge & Skills Self-Assessment

INSTRUCTIONS:

Self-Assessment of Knowledge and Skills:
Read each statement and circle the number on the corresponding scale which reflects your rating of your knowledge and skill. The 4-point rating scale corresponding to the **knowledge** column is interpreted as 1 = no knowledge; 2 = emerging knowledge; 3 = mastery of knowledge; 4 = demonstrate knowledge to others. The 4-point scale corresponding to the **skills** items is interpreted as 1 = no experience and 4 = skilled.

BASIC EARLY INTERVENTION KNOWLEDGE

	KNOWLEDGE
(1.) Understanding of legislative mandates:	
Screening/Referral	1 2 3 4
Evaluation	1 2 3
Assessment	1 2 3 4
Individualized Family Service Plan (IFSP) and Individualized Education Plan (IEP) Development	1 2 3 4
Service Coordination	1 2 3 4
Transitions	1 2 3 4
Procedural Safeguards	1 2 3 4
(2.) Understanding of all disciplines and their respective services	1 2 3 4
(3.) Knowledge of models of service provision	1 2 3 4
(4.) Knowledge of community resources	1 2 3 4
(5.) Knowledge in determining the efficacy of early intervention programs	1 2 3 4
(6.) Knowledge of available technology (e.g. video consultation, tele-conferences, e-mail, FAX)	1 2 3 4
(7.) General knowledge of disabilities served in EI	1 2 3 4

FAMILY-CENTERED CARE

	KNOWLEDGE
(1.) Understanding of confidentiality requirements	1 2 3 4
(2.) Knowledge of family-centered identification of concerns, priorities, resources	1 2 3 4
(3.) Knowledge of family systems and family development, including parent-child relationship	1 2 3 4

	SKILLS
(4.) Ability to work collaboratively with family:	
Evaluation	1 2 3 4
Assessment	1 2 3 4
IFSP/IEP Development	1 2 3 4
Service Coordination	1 2 3 4
(5.) Ability to sensitively communicate with families	1 2 3 4
(6.) Ability to discuss service options with families	1 2 3 4
(7.) Ability to respect the confidentiality requirements	1 2 3 4

CROSS CULTURAL ISSUES

KNOWLEDGE

(1.) knowledge about diverse racial/ethnic groups (e.g. racial, ethnic, cultural) 1 2 3 4

(2.) Understanding of my own cultural background 1 2 3 4

SKILLS

(3.) Ability to learn about a family, from the family, without preconceived judgements 1 2 3 4

(4.) Ability to identify ways to overcome cultural barrier in early intervention 1 2 3 4

(5.) Ability to sensitively and respectfully approach people from diverse racial/ethnic backgrounds to establish effective professional-professional partnerships 1 2 3 4

(6.) Ability to sensitively and respectfully approach people from diverse diverse racial/ethnic backgrounds to establish effective family-professional partnerships 1 2 3 4

INTERDISCIPLINARY TEAM

KNOWLEDGE

(1.) Understanding of different models for team functioning 1 2 3 4

(2.) Knowledge of various models for service coordination 1 2 3 4

(3.) Understanding of the roles and functions of all personnel involved in early intervention 1 2 3 4

(4.) Understanding of the importance of supporting fellow team members through issues of grief, loss, transitions and the difficult nature of this work 1 2 3 4

SKILLS

(5.) Ability to work on an interdisciplinary team 1 2 3 4

(6.) Awareness of my own work style on the team 1 2 3 4

(7.) Awareness of what my discipline brings to the interdisciplinary team 1 2 3 4

(8.) Ability to sensitively communicate with all team members 1 2 3 4

Name:__________________________
Date:___________________________

Appendix C

Training Requirements Summary

FALL SEMESTER

TRAINEE NAME:______________________________________

DISCIPLINE:____

SUPERVISOR:_______________________________________

This summary will help to track trainee hours, activities and assignments. Trainees will keep and complete a copy and bring to supervisory meetings.

SEMESTER SUMMARY OF CONTACT HOURS:

Activity	Hours Required	Hours Completed	Date
Seminar	37.5 per semester		
Supervisor Meeting	15 per semester		
Mentor Family	26-30 per semester		
Mentor Family Supervision	1-2 per semester		
ID Team Activity	30 per semester		
Community Program	26-30 per semester		
EI Information	15 per semester		
SEMESTER TOTAL	**159.5**		

ACTIVITIES

1. Fall Seminars:

Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

2. Spring Seminars:

Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

3. Supervisor Meetings:

Fall Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Weeks:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

a. Individual Learning Plan:

☐ Date completed ___________

☐ Dates reviewed ___________

☐ Dates reviewed ___________

☐ Dates reviewed ___________

☐ Dates reviewed ___________

b. Journal/Contact Log:

☐ Dates reviewed ___________

☐ Dates reviewed ___________

☐ Dates reviewed ___________

☐ Dates reviewed ___________

☐ Dates reviewed __________

4. Mentor Family:

Date Started __________

Fall Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Supervision:	☐	☐													
	1	2													

5. Early Intervention Community Program:

Date Started __________

Program ______________________________ Staff ____________________

Fall Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Visits:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Community Activities: (Fall and Spring semesters)	**Date Completed**
☐ Review a Service Plan or Care Plan	__________
☐ Attend a staff or team meeting	__________
☐ Child Observation Activity	__________
☐ Plan and implement a child or group activity	__________
☐ Interview a parent or primary care-giver	__________
☐ Program Profile	__________
☐ Attend a Transition Meeting	__________
☐ Cross-Cultural Competencies	__________

ADDITIONAL COMMUNITY PROGRAM ACTIVITIES (Check all that apply)

- ☐ IFSP/IEP meeting
- ☐ Staff meeting
- ☐ Link or Missing Link meeting
- ☐ Evaluation
- ☐ Assessment
- ☐ Childcare visit
- ☐ Visit to a clinic or hospital
- ☐ Provide childcare at a Parent meeting
- ☐ Attend toddler group
- ☐ Discuss issues with provider if family cancels
- ☐ Provide service coordination duties (e.g., calls about resources)
- ☐ Play/interact with sibling(s) as child with special needs gets treatment
- ☐ Assist in preparation for and participation in a group parent meetings (e.g. logistics, handouts, preparation)

Community Program Supervision

☐ Initial Fall Meeting ___________

☐ Initial Spring Meeting ___________

☐ Dates Reviewed/Feedback ___________

☐ Dates Reviewed/Feedback ___________

6. Interdisciplinary Trainee Teams:

Date Started _________

Fall Team Meeting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spring Team Meeting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Team Activity	**Date Completed**
☐ ACTIVITY PLAN & LITERATURE SEARCH	____________
☐ FAMILY INTERVIEW	____________
☐ EVALUATION & WRITTEN REPORT	____________
☐ IFSP WITH FAMILY	____________
☐ INDIVIDUAL PAPER SUBMITTED	____________
☐ SEMINAR PRESENTATION OF TEAM ACTIVITY	____________

7. Early Intervention Information:

☐ Date Completed ____________

Conferences, Workshops Attended (dates)

☐____________ ☐____________
☐____________ ☐____________

Appendix D

IDTrain Weekly Activity Log

This summary will help to track trainee activities, assignments, thoughts and hours. It can be used in place of a journal if desired.

NAME:______________________ WEEK OF:____________

COMPONENT	TOPIC/ACTIVITY	REFLECTIONS/QUESTIONS	OTHER	HOURS
Seminar				
Team				
Supervisory				
Mentor Family				

COMPONENT	TOPIC/ACTIVITY	REFLECTIONS/QUESTIONS	OTHER	HOURS
Community Program				
Augmentative & Alternative Communication				
EI Education				
Saturday Session				

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